2013

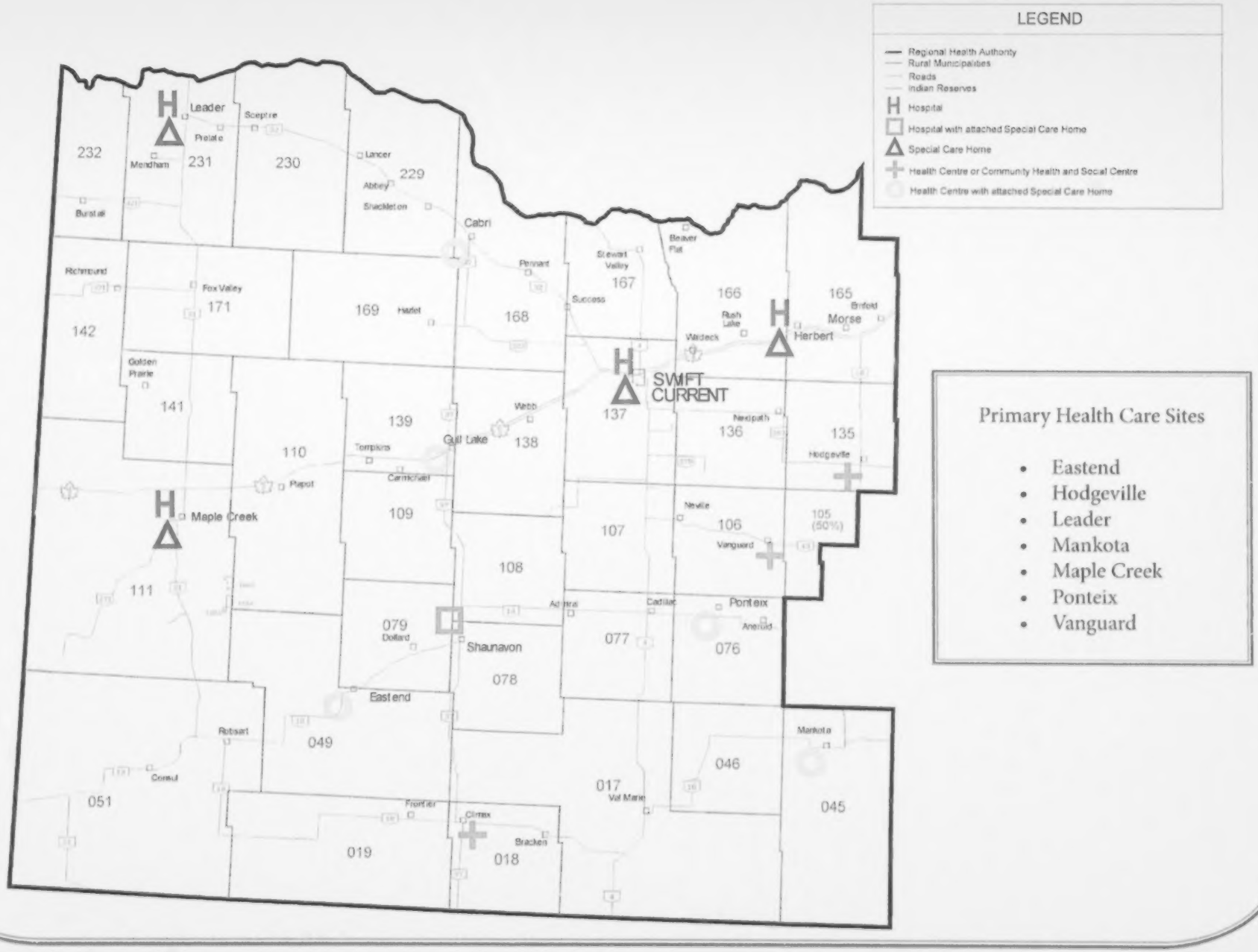
Annual Report to the Minister of Health

CYPRESS HEALTH REGION

For the fiscal year ending March 31, 2013

LEADERS IN HEALTH EXCELLENCE

Cypress Health Region



Primary Health Care Sites

- Eastend
- Hodgeville
- Leader
- Mankota
- Maple Creek
- Ponteix
- Vanguard

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The Cypress Health Region's

Annual Report to the Minister of Health

For the year ending March 31, 2013
can also be accessed on the region's website:
www.cypresshealth.ca/publications

Cypress Health Region

Congratulations on meeting national standards of excellence in quality care and service.

ACCREDITED • AGRÉÉ
2010-2013

Félicitations pour avoir atteint les normes d'excellence nationales en matière de qualité des soins et des services.

Letter of Transmittal 2013

TO: The Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan:

The Cypress Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2012-13 *Annual Report*. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2013.

On behalf of the members of the Cypress Regional Health Authority, I would like to acknowledge the progress and successes that our team of health providers has enjoyed over the 2012-13 fiscal year. Of note, we would like to acknowledge several accomplishments, among many others:

- Continued focus on Lean methodology to increase efficiencies and keep the focus on continuous improvement for the patient;
- Continued emphasis on the philosophies and values associated with *Patient Family Centered Care* and the benefits of engaging our patients and their families in our planning efforts;
- Substantial achievements in relation to the Attendance Support targets and support for the Saskatchewan Surgical Initiative as determined by the Ministry's Hoshins and priorities;
- Continued progress on the construction of the newest health facility in southwestern Saskatchewan, the Southwest Integrated Healthcare Facility in Maple Creek; and,
- Continued enhancement of technological advancements (ex. RIS/PACS implementation in all acute facilities) and educational opportunities (ex. partnership with provincial and local agencies to provide Bachelor of Nursing Degree Program in Swift Current) that have a direct benefit on care provision.

The contributions of our staff and physicians are essential to the successes achieved by the Cypress Health Region. Their ongoing commitment and dedication to quality health care and putting the patients first in everything they do is to be commended.

We appreciate the positive working relationship that exists with the Ministry of Health. Our team looks forward to playing a role in the continued transformational change for the health system, and we are committed to improving access to health services that provide 'Better Health, Better Care, and Better Value' for our residents of southwestern Saskatchewan.

Respectfully submitted,

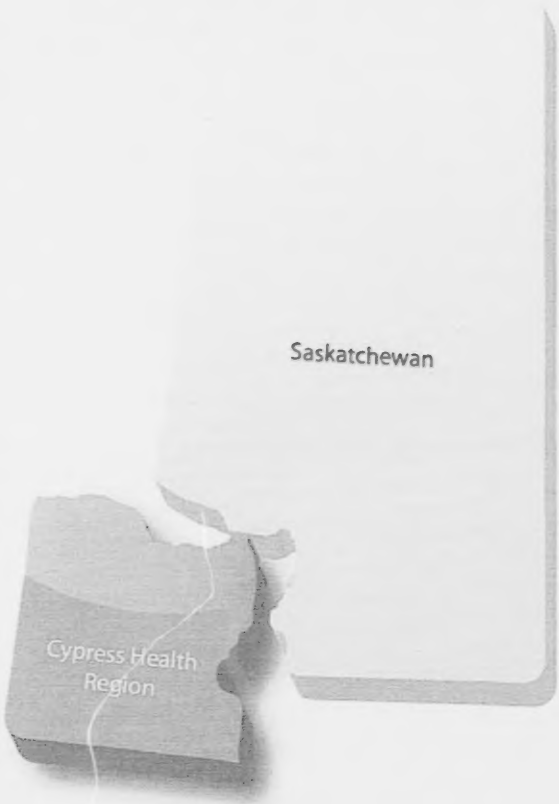
Tyler Bragg
Chairperson
Cypress Regional Health Authority

Introduction 2013

The Cypress Regional Health Authority was established on August 1, 2002 with the proclamation of *The Regional Health Services Act.* The Authority assumed the operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date. The Cypress Regional Health Authority (RHA) is one of 12 Regional Health Authorities that exist within the province and is located in the southwest corner of the province of Saskatchewan. For most purposes the organization uses the operating name 'Cypress Health Region' and refers to the governing board as the 'Regional Health Authority'.

The Annual Report to the Minister of Health presents the Cypress Regional Health Authority's activities and results for the fiscal year ending March 31, 2013. It reports on public commitments made and other key accomplishments of the RHA. As per *The Regional Health Services Act*, the preparation of an annual report is a legislated requirement of all regional health authorities in the province.

Results are provided on the publicly committed strategies, actions, and performance measures identified in the Health Region's strategic plan. This report also demonstrates progress made on RHA commitments.



The Cypress Health Region utilizes a variety of weekly, monthly, and quarterly reporting strategies and tools (including Ministry of Health Plan for 2012-13 and related 5 year provincial health system priorities, overarching 'Better' outcomes that are enduring over time; Regional Hoshin Kanri breakthrough initiatives and projects, Regional dashboard indicators, weekly 'Visibility Wall Walks', and regular Senior Leadership Team/Regional Health Authority discussions) to monitor the performance measures and quality indicators that are an essential part of the strategic direction. This monitoring of the Region's performance throughout the fiscal year is based on the most recently available data and information. The Region has embraced the Hoshin Kanri strategic planning process.

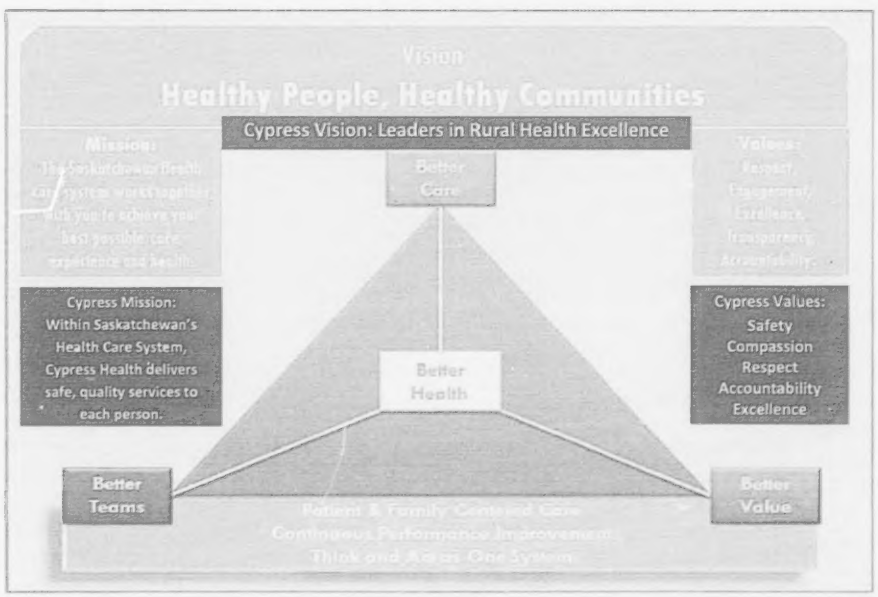
The 2012-13 Annual Report provides an opportunity to assess the accomplishments, results, lessons learned, and identifying how to build on past successes for the benefit of the residents within the geographic boundaries of the Cypress Health Region.

Alignment with Strategic Direction 2013

The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determining provincial health service priorities, and allocating resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of the health services it provides within the boundaries.

During the 2012-13 fiscal year, a new system-wide strategic planning and deployment process was introduced within the Saskatchewan health system. The *Ministry of Health's Plan for 2012-13* outlines a vision for improving access that provides 'Better Health, Better Care, and Better Value', which focus on making improvements to the health of the population, individual care, and financial sustainability in the context of value. The fourth element of the vision is that of 'Better Teams' which is intended to strengthen the healthcare workforce to enable the changes required to improve the three other aims.

An *Accountability Document* between each RHA and the Ministry of Health further specifies the organizational program and service expectations and links expectation with funding. It complements existing legislation, regulations, contracts, and ministerial directives and policies.


Vision
Healthy People, Healthy Communities
Cypress Vision: Leaders in Rural Health Excellence
Better Care
Cypress Mission: Within Saskatchewan's Health Care System, Cypress Health delivers safe, quality services to each person.
Cypress Values: Safety Compassion Respect Accountability Excellence
Better Health
Better Teams
Better Value

Hoshin Kanri and the Lean Management System are powerful tools for setting targets and reaching goals. Hoshin Kanri is a newly adopted model to strategic planning prioritization and involved continued engagement of staff at all levels of each health region and the Ministry of Health. It will provide the opportunity to collectively determine the system's strategic priorities and determine how the desired results will be achieved. As we look ahead to the strategic planning opportunities that lie ahead in the future, the Region will be a partner with the Ministry of Health. For more information on the Ministry of Health's strategic direction, one can visit www.health.gov.sk.ca/strategic-direction.

The Cypress Health Region continues to align itself as an essential partner in the delivery of health care services in the province of Saskatchewan. As such, our priorities are closely aligned to the Provincial Health System Plan.

The strategic focus of the Region was adjusted for the 2012-13 fiscal year to mirror the Ministry's priorities as outlined in the *Ministry of Health Plan for 2012-13*:

Four Betters

- Better Health – improve population health through health promotion, protection and disease prevention; collaborating with communities and different government organizations to close health disparity gap.
- Better Care – in partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve healthcare safety.
- Better Value – achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.
- Better Teams – build safe, supportive, and quality workplaces that support patient- and family-centred care and collaborative practices; develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

CYPRESS HEALTH REGION

OUR VISION

Leaders in Rural Health Excellence

OUR MISSION

Within Saskatchewan's health care system, Cypress Health delivers safe, quality services to each person.

OUR VALUES

SAFETY - assessing all situations for risk and acting accordingly.

COMPASSION - behaving towards another person as if their entire experience to this moment is your own.

RESPECT - treating others the way you would prefer to be treated - kindly, courteously, tactfully.

ACCOUNTABILITY - assumption of responsibility for actions. It is not only what we do, but also what we do not do.

EXCELLENCE - continually striving to do our best in every situation.

Breakthrough Initiatives

Five areas were prioritized by health care system leaders as ones where improvement outcomes were identified. The successful implementation of these initiatives is anticipated to facilitate the achievement of the prioritized five-year improvement targets.

- Transforming the surgical patient experience;
- Strengthen patient-centred primary health care;
- Deploy a provincial *continuous improvement system*;
- Focus on patient and staff safety; and
- Identify and provide services collectively through a shared services organization.

Being supportive of the strategic direction set out in the provincial government's approach for health care, the Cypress RHA developed a series of strategic statements that reflect the provincial approach to continuous improvement and our commitment to health care quality for the people of southwestern Saskatchewan.

The Region's strategic direction also took into account a variety of other organizations and sources to provide guidance and direction. These included, among others:

- Ministry's supporting frameworks and documents including the 'Voice of the Customer', 'Customer Engagement and Service Delivery Expectations', and 'Patient Family Centered Care';
- the *Patient First Review*;
- Accreditation Canada, and their continuous movement for high quality standards of health care;
- Health Quality Council of Saskatchewan;
- Best Practice research and programming from high performing health organizations across the world;
- Feedback from community consultations; and
- Local customer feedback mechanisms.

As is always the case, a variety of external issues, factors, trends, opportunities, and challenges are taken into account when exploring options for program and service delivery:

- **Continued emphasis on 'putting the patient first'** – best practice consideration of Patient Family Centered Care approaches in everyday activities and planning exercises, relationship building, engagement with patients and their families;
- **Rapid pace of emphasizing the necessity to constantly explore opportunities for quality improvement activities and means of finding efficiencies** – Releasing Time to Care™, Lean, Patient Family Centered Care, Accelerating Excellence, Institute of Health Improvement's Perinatal Collaborative, provincial Shared Services processes, ongoing emphasis on the Cypress Health Employee Staffing Strategies (CHESS) program, among others;
- **Culture of safety** – strategy development to maintain current technology and best practices to keep our staff and patients safe, ongoing participation in the *Canadian Patient Safety Institute* and *Safer Healthcare Now* initiatives which are accepted as reputable best practices in the country;
- **Continued implementation of the 'Community Planning/Needs Assessment Process' in rural communities** – initial projects in the communities of Ponteix and Cabri have resulted in a series of prioritized health needs which have been identified by community members and Health Region facilitators;
- **Continual depopulation of our rural areas**, especially amongst our younger to middle-aged population groups as we continue to find challenges with appropriate and sufficient numbers of staffing availability;
    - The dependency ratio within Cypress (that is, the proportion of individuals over the age of 65 and under the age of 20) is higher than the Saskatchewan and Canadian ratio.
- **Exploration of other health care model options** such as the Collaborative Emergency Centre concept and the Universal Care Worker staffing platform.

- **Continued emphasis on the recruitment of physicians** in conjunction with local community physician recruitment committees, the College of Physicians and Surgeons of Saskatchewan, and the Physician Recruitment Agency of Saskatchewan;
- **Trending shortages of health care professionals available in rural areas** – may have to consider alternate care delivery processes in lieu of registered nursing coverage or availability of general practitioner on-call services; associated ongoing expectations for the provision of a full array of health services in lieu of these shortages.
    - Challenge of registered nursing retirements – as we look at the 3 year window for 2012-2014, 69 of 298 (23.1%) of current RNs will meet the 'rule of 80' (i.e. age plus years of service to equal 80, for pension plan eligibility criteria) and could retire. Cypress Health is facing the highest percentages in the province, with the provincial average at 15.3%.
    - Exploration of multi-disciplinary teams in communities, which would allow for staffing pattern flexibilities. For example, building on the initial successes seen in the 'EMS Paramedicine Project' where members of the emergency medical services staffing assist home care with responsibilities and tasks in patients' homes.
    - Potential utilization of technological advancements to assist in 'pushing' services to the patient versus 'pulling' patients to the service (ex: psychiatry Telehealth).

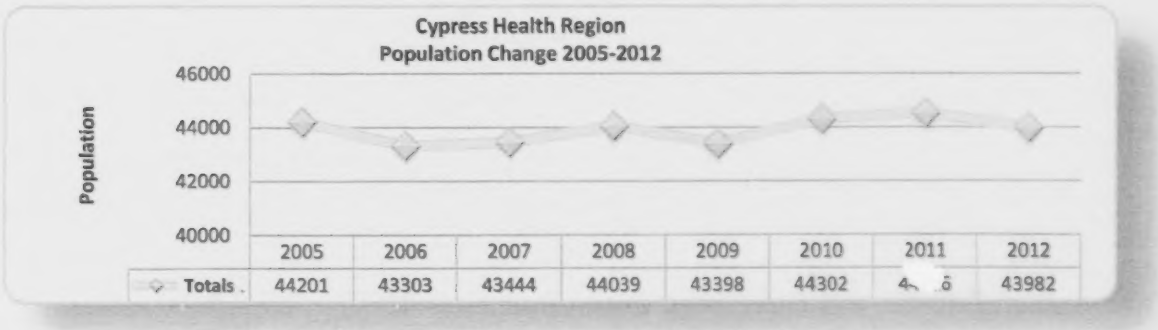
Along with the many challenges that health care is associated with, there are many opportunities that Cypress Health wishes to take full advantage of. The Health Region is working hard to create a quality working environment for our health care team and, equally as important, we are seeking out new ways to share our expertise and knowledge with patients so that they can make the most of their health and well-being.

Cypress Health will continue to dedicate the resources available to us towards the attainment of our strategic vision statement – *'Leaders in Rural Health Excellence'*.

Anneke van der Merwe, Undergraduate/Postgraduate Education Coordinator, stands with Continuing Care Assistant Trainer Linda Wasko-Lacey during a training day.

Regional Health Authority Overview 2013

As a vital partner with the provincial government and the Ministry of Health, the Cypress Health Region provides health services to nearly 80 rural and urban municipalities in the geographically diverse southwest corner of Saskatchewan. The Region stretches from the South Saskatchewan River (its northern border) to the United States of America (southern border) to Alberta (western border) and east until the Morse/Mankota area. It currently has a population of 43,982 residents (as per the Ministry's *Covered Population Report* dated June 30, 2012 – *see Appendix 'C' for website information*) spread over a land mass of approximately 44,000 square kilometers. The Region has a diverse population including 31 Hutterite communities (approximately 50% of all Hutterite communities in the province) and one First Nations community. Nearly 6% of the Health Region's population is comprised of the Hutterian culture.



Source: Health Information Solutions Centre, Saskatchewan Ministry of Health, Covered Population

Services

As of March 31, 2013 Cypress Health employed approximately 1,700 staff members who provide a wide variety of facility-based and community-based programs and services in our 20 facilities, communities, and individual's homes. The regional office is located in the city of Swift Current which is the largest community in the region (2012 population: 17,365) and the location of its only specialized Regional Hospital.

Services provided throughout the Region include: acute care (1 Regional Hospital and 4 Community Hospitals), specialized acute care services (Regional Hospital offers renal dialysis, community oncology, computed tomography, surgery, intensive care, obstetrical, etc.), health centres, primary health care sites, long term care (10 communities with facilities), emergency medical services (23 ambulances in 12 ambulance sites), home care, chronic disease management, mental health and addictions, and population health. Community health services are provided via community facility locations and other buildings. The Region's website (www.cypresshealth.ca) includes more information on the services provided at each site throughout the Health Region.

On the right is a sampling of service volumes provided in 2012-13 in the Cypress Health Region.

Partners and Health Care Organizations

The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver programs and services to residents of our Health Region. *The Regional Health Services Act* defines a 'health care organization' (HCO) as:

- *A prescribed organization that receives funding from a RHA to provide health services; or,*
- *An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.*

Under the legislation, HCOs must provide health services consistent with the Health Region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received through the Health Region. HCOs are required to submit audited financial statements and statistical information to the Health Region.

CYPRESS HEALTH REGION

Service	2011/12	2012/13	Variance
Inpatient Days	*27,139*	*25,792*	↓ *5.0%*
Inpatient Days - Newborn	*909*	*783*	↓ *13.9%*
Chemotherapy - Treatments	*1,221*	*1,159*	↓ *5.1%*
CT Exams	*4,074*	*3,536*	↓ *13.2%*
Diagnostic Imaging - Outpatient Visits	*24,096*	*24,871*	↑ *3.1%*
Laboratory - Outpatient Visits (Hosp.)	*46,314*	*41,827*	↓ *9.7%*
Addiction Services - Total Hours	*5,106*	*5,223*	↑ *2.3%*
Community Therapy - Total Visits	*4,991*	*5,900*	↑ *18.2%*
EMS Code 4 Calls - (Emergency Calls)	*1,087*	*1,185*	↑ *9.0%*
Home Care Services - Nursing Units	*16,689*	*20,545*	↑ *18.7%*
Meals on Wheels - Units	*23,861*	*21,357*	↓ *10.5%*

These relationships include:

- Foyer St. Joseph – affiliate organization; provider of long term care services in the community of Ponteix and are physically integrated with the Region-owned Ponteix Health Centre facility.
- Private Ambulance Service Operators – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix, and Val Marie.
- McKerracher Support Services Inc. – provider of independent living services for individuals suffering from a long-term mental illness.
- Canadian Mental Health Association – provider of day programming for individuals suffering from long-term psychiatric disorders.

The Health Region has a representative that attends and participates in meetings of the McKerracher Support Services and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the Health Region. In addition, monthly program meetings are held between representatives of the organizations and Health Region where joint client case planning is coordinated.

The Dr. Noble Irwin Regional Healthcare Foundation is a key partner with the Cypress Regional Health Authority. The Foundation is an independent organization that is managed and governed by a separate management and governance team, and serves as the primary fundraiser for the Region. It works in conjunction with individual and community-based donors to raise and invest funds in capital and educational initiatives that enhance health care services in the southwest corner of the province. Regular discussions are held between the management teams of the Foundation and the Region to coordinate initiatives that meet the strategic directions of both entities. As well, members of the respective Boards meet to ensure that the governance issues are maintained.

Additional information regarding the Foundation's partnership with the Region, its successes and initiatives, and ongoing projects can be found by visiting their website at www.drirwinfoundation.com/.

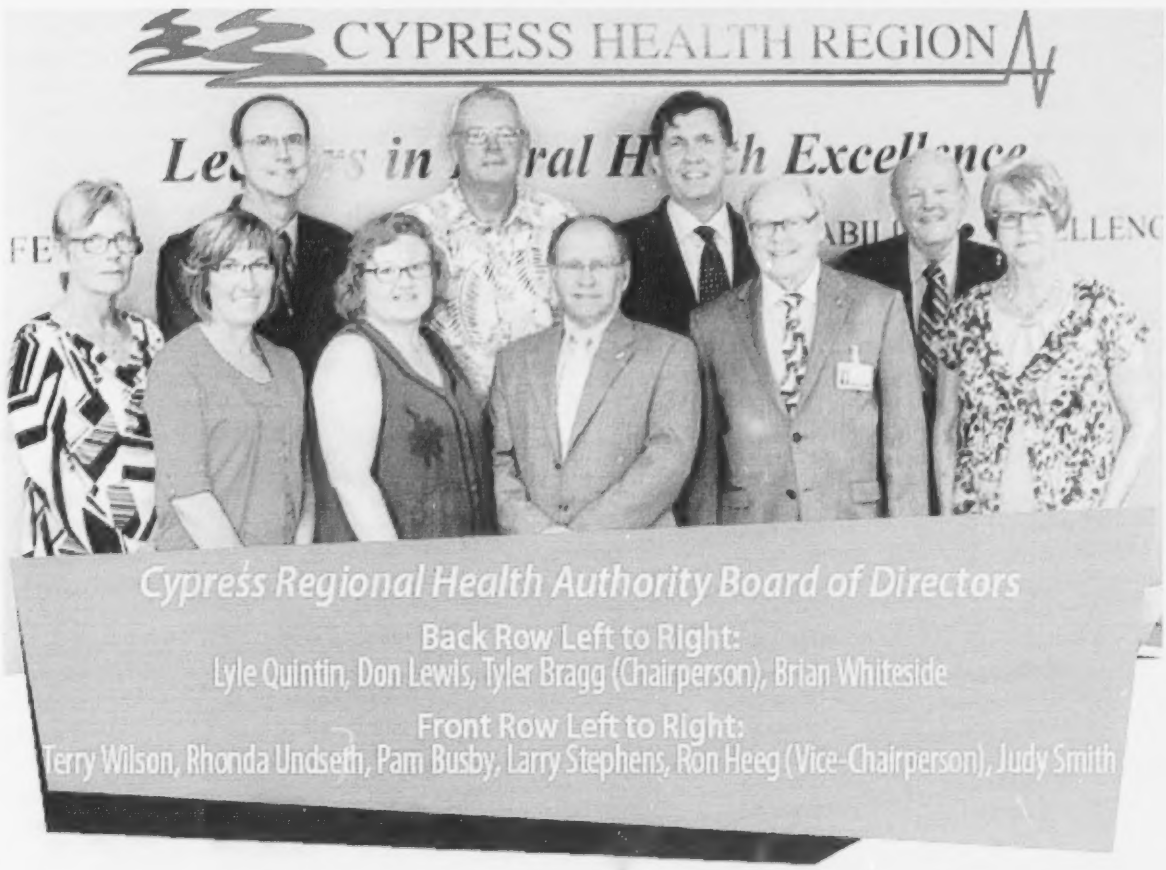
Governance

According to *The Regional Health Services Act*, there are to be no more than 12 members serving on the Cypress Regional Health Authority and they are appointed by the Lieutenant Governor in Council. These members (often referred to as 'the Board') represent the diversity of the Health Region from a mixture of rural and urban backgrounds.

As of March 31, 2013 a total of 10 members governed the Cypress Regional Health Authority. These members were announced by the Minister of Health in May 2012 along with the appointment of a Chairperson and Vice-Chairperson. The current members are:

- Tyler Bragg – Swift Current (Chairperson; Member of Executive Committee)
- Ronald Heeg – Swift Current (Vice-Chairperson; Member of Executive Committee)
- Pam Busby – Leader
- Don Lewis – Maple Creek
- Lyle Quintin – Swift Current (Member of Executive Committee)
- Judy Smith – Mankota
- Larry Stephens – Swift Current (Member of Executive Committee)
- Rhonda Undseth - Cabri
- Brian Whiteside – Swift Current
- Terry Wilson – Swift Current

**Rhonda Undseth was appointed as a member of the Cypress Regional Health Authority on May 18, 2012.*


CYPRESS HEALTH REGION
Cypress Regional Health Authority Board of Directors
Back Row Left to Right:
Lyle Quintin, Don Lewis, Tyler Bragg (Chairperson), Brian Whiteside
Front Row Left to Right:
Terry Wilson, Rhonda Undseth, Pam Busby, Larry Stephens, Ron Heeg (Vice-Chairperson), Judy Smith

The Regional Health Services Act defines the roles and responsibilities of the Minister of Health and the Regional Health Authority. The Minister and the Regional Health Authorities work in conjunction to ensure coordinated province-wide planning for the health system.

The RHA is responsible for the planning, organization, delivery, and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation, and reporting of performance indicators; and,
- Monitoring the management and performance of the Authority and Chief Executive Officer.

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority will utilize ad hoc committees, whose membership will consist of Authority members, the Chief Executive Officer, and other members of the Senior Leadership Team (when required) to deal with specific issues.

To support the Authority in fulfilling its responsibilities, members participate in a variety of other committees including (but not limited to) the Governance Quality Team, other quality teams, Ethics Committee, Community Leadership Networks, provincial Governance Committee, and the Saskatchewan Association of Health Organizations (SAHO) Board of Directors (prior to the transition/creation of 3sHealth).

Board members report to their colleagues at regular monthly Board meetings regarding their participation in, and activities of, the committees.

Community Consultations

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the Health Region. These opportunities to consult with the 'community' provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

In the past, a series of five geographically-established Community Leadership Networks was established. These networks were comprised of representatives from the 80 municipal councils within the Health Region's boundaries. Discussions have taken place with each of the Networks on an individual basis and in a collective effort – however, there have been no 'formal' Network meetings scheduled during the 2012-13 fiscal year.

Targeted discussions will occur at scheduled Network meetings during the next fiscal year that will focus on applicable issues to all of the municipal councils throughout the Region, including the exploration of alternate models of service delivery in rural areas and health professional recruitment/retention.

Instead, the Authority has extensively utilized a more informal community consultation structure that takes advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the Region to discuss health care concerns and issues specific to that community and surrounding area. This approach will continue into the future as the Board attempts to enhance its open and transparent relationship with its municipal partners. A prime example of these municipal meetings have been the extensive conversations with municipal and community leaders in several communities who are experiencing temporary disruptions of services due to the unavailability of appropriate levels of professional nursing and physician on-call coverage.

During the fiscal year, there has been extensive consultation with groups of municipal councils and community champions in relation to the ongoing planning of approved and/or proposed capital projects in Maple Creek, Swift Current, and Leader. As well, the partnership established with the Chinook School Division, which has very similar geographical boundaries with Cypress Health, has been continued and enhanced with joint discussions and ventures on specific issues.

Other consultative processes that are being utilized include discussions at Regional Intersectoral Committee meetings, Southwest Municipal Government Forums, Chambers of Commerce, education and community stakeholder groups, and former health district-related advisory and trust committees. Specific examples include Emergency Medical Services staff relationships with Emergency Measures Organizations (EMO) across the Region, development of Community Action Teams to engage communities in the Population Health Promotion Strategy and the Southwest Drug Strategy Committee, Southwest Youth Council, and primary health care staff interactions with communities.

The Health Region has engaged in the Community Planning Process (CPP) in a number of its communities. The process assists communities in creating a vision of what they want to achieve in the next three years, identify health needs of the community, prioritize the identified health needs, and participate in addressing the priority health needs. The Community Planning Process focuses on the Determinants of Health. As of March 31, 2013 the communities of Ponteix and Cabri have been involved with the Region in CPPs. Summary reports have been developed and are available on the Health Region's website at www.cypresshealth.ca/page.php?id=198.

The Region's emphasis on developing and incorporating the philosophies of Patient & Family Centered Care have resulted in a greater involvement of patient/family representatives on many planning committees and discussion meetings. The ability to have viewpoints presented from the perspective of the patient is paramount to the ongoing success of the Region's program and service delivery.

Dignitaries, including patient representatives that provided valuable feedback, celebrate the grand opening of a new covered walkway at the Cypress Regional Hospital in Swift Current, SK. The walkway helps protect patients and guests from natures elements when entering the facility.

Emerging Health Issues

Emerging health challenges can happen at any location within the Health Region, the province, nationally, or internationally. In conjunction with the Ministry of Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

The ever-increasing emphasis directed to **chronic disease management** will continue to play a role in our program and service delivery into the future. The incidence of diabetes, cardiac-related diseases, pulmonary infections, asthma, and other chronic diseases are increasing and strategies to combat the risk factors associated with these diseases will assist in addressing them. The Region's *Live Well with Chronic Conditions* program is directly aimed at chronic disease management and focuses caregivers' attention on those with the diseases listed above and many others. Additionally, continued partnerships with the Health Quality Council and *Safer Healthcare Now!* offer the Health Region opportunities to address this ever-growing population health concern.

The Region's ***'Population Health Report'*** (see Appendix 'C' for additional information regarding this resource) provides a better understanding of what the identified major health issues and challenges are. As well, it highlights what residents can do to help optimize their own health and that of their community. Communicable diseases still circulate and chronic disease remains the highest cause of disease and death in the Region. Vigilance in prevention and control of these will be enhanced to enable better health.

The presence of viruses and other illnesses in our facilities and throughout southwest Saskatchewan have had a major impact on the Health Region over the past years. The Region's expanded orientation program has a greater emphasis on the necessities for proper **infection control measures** to be practiced and what to do when faced with an infection control issue. Continued educational awareness of the necessities for proper infection control by our staff and the general public can go a long way in reducing the spread of viruses and illnesses.

Public Health Nursing staff were busy during the 2012 influenza immunization campaign.

Progress in 2012-13

During the 2012-13 fiscal year, a new system-wide strategic planning and deployment process was introduced within the Saskatchewan health system. The *Ministry of Health's Plan for 2012-13* outlines a vision for improving access that provides 'Better Health, Better Care, and Better Value', which focus on making improvements to the health of the population, individual care, and financial sustainability in the context of value. The fourth element of the vision is that of 'Better Teams' which is intended to strengthen the healthcare workforce to enable the changes requires to improve the three other aims.

The strategic focus of the Region was adjusted for the 2012-13 fiscal year to mirror the Ministry's priorities as outlined in the *Ministry of Health Plan for 2012-13*. A summary of the RHA's key results, activities, accomplishments, and outcomes in 2012-13 are provided below.

Strategy: Better Health

SYSTEM 5 YEAR OUTCOME: By March 31, 2017, there will be a 50% improvement in the number of people surveyed who say, 'I can contact my primary healthcare team on my day of choice'.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By 2015, all Saskatchewan residents who choose to be, will be connected to a primary healthcare team that includes or is linked to a family physician.

SYSTEM HOSHIN: Strengthen Patient-Centred Primary Health Care by Improving Connectivity, Access, and Chronic Disease Management.

Cypress Health Hoshin/Projects:

Primary Health Care (PHC) Redesign

Problems and challenges identified included – patients do not have timely access to PHC team members on their day of choice and are experiencing long wait times for quality health care; community and patient dissatisfaction as a result of the long wait times to see a PHC provider; specific communities experiencing unstable/fragile physician services, over-utilization of acute care services to manage community care needs.

Actions planned and taken:

- Engage in discussions with primary health care providers regarding the Clinical Practice Redesign (CPR) program. Target – attaining 100% of PHC team members in Maple Creek and Leader engaged in CPR by March 31, 2013.

Develop plan and implement the transition of the Maple Creek PHC Clinic into the existing hospital by fall 2012.

Obtain an average 'Third Next Available Appointment' (TNAA) timeline of less than 7 days in PHC practices located in Maple Creek and Leader, for those providers engaged in CPR, by March 31, 2013.

Increase in patient satisfaction scores with overall care in Leader, Maple Creek, and Shaunavon by March 31, 2013; as per results from the Patient Experience Survey

Results:

Five physician clinics within Region engaged in CPR and associated module implementation.

- Target met – 100% (9 of 9) of PHC team members within the Maple Creek and Leader PHC sites engaged in CPR; achieved in February 2013.

Maple Creek PHC Clinic successfully transitioned into the Maple Creek Hospital building. Discussions and planning with staff members, PHC team members, hospital staff, and others to explore the flows of patients, information, and staff members within the new environment.

TNAA > initial monitoring within 5 physician clinics, with planning to continue monitoring and increasing awareness on the benefits of standardizing TNAA.

- Maple Creek and Leader specific – did not achieve the target of 7 days or less for the TNAA timeline; available timelines from the point of full team engaged in CPR guidelines contributed to the higher numbers. Efforts to attain this target will continue into the next fiscal year.

Partnership developed with provincial Health Quality Council regarding the collection and processing of the patient satisfaction surveys; overall per site patient satisfaction scores not available in timely fashion, partly due to delays in processing and transportation of raw data from PHC sites to Health Quality Council (HQC). Improvements to the process identified and will be implemented for use in next fiscal year.

Leader PHC Innovation Site announced in May 2012 by the Minister of Health. Funding related to the announcement provided for the recruitment of a Primary Healthcare Registered Nurse Case Manager and Primary Healthcare Counsellor, which were implemented in December 2012 and January 2013. In addition, funding provided for the increased utilization of technology.

Shaunavon >> formal community collaboration initiated in spring 2012 to discuss the options available for future models of care revision for the community and surrounding areas. Primary Health Care and Collaborative Emergency Centre models presented for consideration.

- Collaborative Emergency Centre proposal submitted to the Ministry and successfully approved – allowed for immediate recruitment efforts for Advanced Care Paramedics and Nurse Practitioners. Additional efforts to increase the physician complement with International Medical Graduates enrolled in the College of Physicians and Surgeons of Saskatchewan SIPPA program.

- Option of co-location of service providers in the existing Shaunavon Hospital & Care Centre – renovations to accommodate a primary health care clinic team of providers initiated in March 2013.

Ongoing successes regarding the planning, consultation, and implementation of Electronic Medical Record systems in Leader (January 2013) and anticipated implementation in Maple Creek (September 2013). EMR system implementation anticipated to be completed in all PHC sites within the next two fiscal years.

Gloria Illerbrun, Executive Director - Health Services, speaks about the benefits of a Collaborative Emergency Centre model of care in Shaunavon.

SYSTEM 5 YEAR OUTCOME: By March 31, 2017, there will be a 50% reduction in the age-standardized hospitalization rate for ambulatory care sensitive conditions.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By 2017, 80% of patients are receiving care consistent with provincial standards for the five most common chronic diseases.

SYSTEM HOSHIN: Strengthen Patient-Centred Primary Health Care by Improving Connectivity, Access, and Chronic Disease Management.

Cypress Health Hoshin/Projects:

Chronic Disease Management (CDM) Program Delivery

The ever-increasing incidence of chronic disease is requiring it to become a priority among health care providers. Patients do not receive evidence based care (best practice standards), and they are not empowered to self-manage their chronic conditions. There is a demonstrated need for a coordinated and collaborative approach between physicians/nurse practitioners and the small workload of professionals who work with CDM.

Action items included:

Provide education and support to PHC sites within the Region in relation to the utilization of a CDM Toolkit and EMR equivalent; encourage fee for service physicians to utilize identified best practice standards for diabetes and coronary artery disease; promotion of programming which focus on self-management (ex. 'Live Well with Chronic Conditions', 'Lifestyle Coaching'); incorporate technology to increase access to CDM programming.

Due to the Leader PHC site being announced as an 'Innovation Site' and that it would be the first site to have the EMR implemented within its operations, it was chosen as the initial PHC site to initiate the CDM program delivery. The plan is to evolve the programming to other PHC sites following the evaluation of the Leader site's implementation and learnings.

Results:

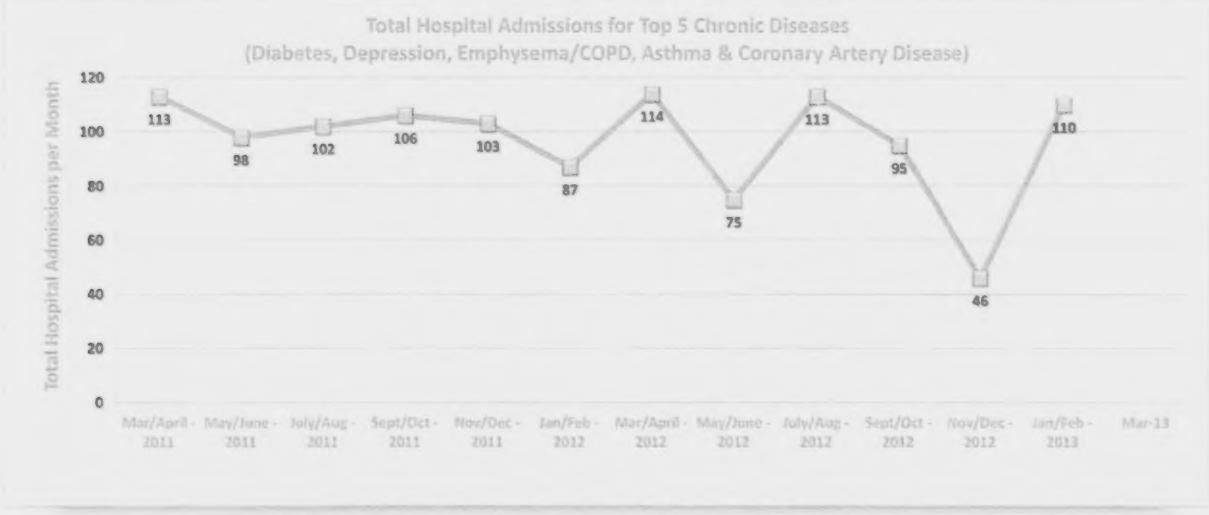
December 2012 > determination that five chronic conditions would be reported on including coronary artery disease, diabetes, asthma, Chronic Obstructive Pulmonary Disorder (COPD), and depression. Plan was to utilize best practice CDM flowsheets for these conditions and to access the flowsheets via the EMR system.

EMR implementation in January 2013.

Leader PHC team members consultation regarding the benefits of improving CDM programming and reducing unnecessary admissions to acute care. PHC site would be considered the pilot site for the Region. Team members were choosing a variety of CDM templates from the EMR system that could be utilized. There is a provincial recommendation that there be consistency among which templates are used for the entire system.

Health Quality Council flowsheets for diabetes and coronary artery disease are being utilized by all Region PHC Site Nurse Practitioners, with educational and awareness efforts still occurring with all PHC Site physicians regarding the utilization of them. These flowsheets will be considered as best practice guidelines from the Heart & Stroke Foundation and Canadian Diabetes Association.

The below graph displays the Total Hospital Admissions by Month for the Top 5 Chronic Diseases. Hospital admission included are those with Most Responsible or Type 1 diagnosis of Diabetes, Depression, Emphysema/COPD, Asthma, and Coronary Artery Disease in the five acute care facilities in the Cypress Health Region (Cypress Regional Hospital, Herbert & District Integrated Health Facility, Leader Hospital, Maple Creek Hospital, and Shaunavon Hospital & Care Centre). Monthly data has been variable over time with no identifiable signals of change. The data will continue to be monitored in 2013-14 as initiatives aimed at reducing the number of admissions associated with the top 5 chronic diseases are implemented in Primary Health Care and other care settings across the Region.



Source: Cypress Health Region, Health Information Department

Plan for 2013-14 fiscal year is track and monitor diabetes and coronary artery disease best practice standards.

SYSTEM 5 YEAR OUTCOME: By March 31, 2017, there will be a 50% reduction in the age-standardized hospitalization rate for ambulatory care sensitive conditions.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By 2017, 80% of primary health care teams are using electronic medical records that facilitate individual patient care and enable population-based reporting for quality improvement and planning.

SYSTEM HOSHIN: Strengthen Patient-Centred Primary Health Care by Improving Connectivity, Access, and Chronic Disease Management.

Cypress Health Hoshin/Projects:

Implementation of an EMR in Leader and Maple Creek

Primary Health Care does not have an electronic medical record (EMR) and patient care would be enhanced if a single patient record could be maintained. Due to the present lack of an EMR, there is a general lack of information available to providers, decreased communication between people (between provider and patient, and also between providers), and decreased collaboration without timely access to information. As a result, it was identified that there is a lack of standardization of care-handoff, duplication and re-work occurring, increased potential for error, inadequate communication, and increased risk for morbidity/adverse events due to the delay of care.

The desired outcome was to prepare for the initial implementation of an EMR in the two primary health care sites of Leader and Maple Creek by June 2013. Proposed action steps included formation of a steering committee to oversee the implementation in both communities, management/merge/storage of information transition, development of timelines, human resources additions/secondments in conjunction with input from e-Health Saskatchewan, development of policies and procedures relating to privacy and confidentiality, computer skills training for users, and develop post implementation audit evaluation tool.

Results:

- Implementation of the EMR at the Leader site - January 2013
    - Implementation was a success due to the pre-implementation preparation and the attitude/willingness of the entire Leader PHC team.
- Implementation of the EMR at the Maple Creek site – steering committee meetings held in early 2013, which resulted in a re-scheduled implementation date of September 2013, to accommodate the ongoing planning for work and staff flow transition towards the new Southwest Integrated Health Facility, which is scheduled to open in the summer of 2014.

- The EMR will be implemented to all Cypress Health PHC sites over the next two fiscal years, in partnership with e-Health Saskatchewan's implementation schedule and availability.

Staff in Leader, SK, celebrate the successful implementation of an Electronic Medical Record at the local clinic. The new EMR brings electronic sharing of health information among providers.

Additional Cypress Health Initiatives/Results

SYSTEM HOSHIN: Strengthen Patient-Centred Primary Health Care

Cypress Health Project:

Implementation of Eden Training in Long Term Care

In that long term care (LTC) services are one of the prominent programs within the Region and with the knowledge that, in the majority of cases, a LTC facility is the final home for most of our residents living there, focus was placed on ensuring that the best environment was provided for these individuals. Based on our results of the Annual LTC Survey and other research that shows LTC residents often experience boredom, loneliness, and helplessness, a decision was reached to pursue the idea and concept of Eden.

This decision has created an opportunity to change the culture of operating LTC facilities as an 'institutional model' to one where it is considered our 'residents' home'. Care provision needed to be focused on putting the needs of the resident first. It is typical in situations where a change in culture is

required, that additional awareness and information on the new principles and vision is required by an organization's staff and (in this case) residents' families.

Eden Associate training provided to 75 frontline staff, managers and patient family representatives to receive a deeper understanding of Eden's concepts and philosophies.

Internal training session development to assist with the training of additional LTC staff throughout the Region. This training will be 10 minute educational videos on each of the 10 principles of Eden. Taking advantage of their expertise, the scripts are currently being written by different staff members in each of the Region's LTC facilities. A partnership with a local high school drama program will see the development and production of the videos.

Some of the early identified successes include the introduction of pet therapy in some facilities, residents and families being involved in decisions being made at the facility level, residents provided with choices for paint colors within their rooms upon admission, introduction of flexible meal times/bath times/waking times, additional gardening activities, increasing involvement of patient family representatives in all aspects of care, and additional emphasis on productive spontaneous activities for residents.

Cheryl George, Certified Eden Trainer, provides a day-long seminar to Cypress Health Region staff on the many benefits for patients with the Eden Alternative model of care.

Plans have been developed for 2013-2014 and include the re-implementation of resident councils in all facilities, educational video roll-out for staff and families, restructuring of activities departments, formalization of pet and staff uniform polices for LTC, and the continued de-institutionalization of LTC facilities.

An evaluation of the project's success will be monitored via the results of the Annual LTC Survey, with the desired objective of a 50% improvement in all areas of the survey.

SYSTEM HOSHIN: Deploy a Provincial Continuous Improvement System; Strengthen Patient-Centred Primary Health Care

Cypress Health Project:

Southwest Integrated Healthcare Facility

This project explored the following identified problem/challenge: 'the Current care delivery model(s) and facility infrastructure(s) in Maple Creek are disjointed, do not utilize full scope of provider abilities, and are not adequately patient and family centered. Each of these deficiencies contributes to multiple wastes and hand-offs, perpetuating inefficient processes, limiting patient access to services, increasing potential for inter/intra-provider miscommunication, and ultimately contributing to negative patient outcomes.'

The project's target included the creation of a physical environment by July 2014 that supported the involvement of a Lean, integrated, multidisciplinary approach to providing patient and family centred healthcare. In addition, it also included the development of a model of care by July 2014 that supports a Lean, integrated, multidisciplinary team approach to providing patient and family-centred healthcare that enables consistently efficient access to services and better patient outcomes.

This project covered both the design and construction of the new facility as well as the development of the new model of care. This has always been recognized as a multi-year project and the 2012-13 project was intended to address those elements of this multi-year major project that were scheduled to be addressed over the 2012/2013 year.

1. Design development was completed and construction documents were approved in early fall.
2. Construction began mid November 2012 with a community kickoff event.
3. Construction on the facility progressed to the point of grade beam and foundation completion.
4. The Primary Health Care clinic staff and services moved into the existing hospital in preparation for the new facility and model of providing care in a multidisciplinary team environment.
5. Mock-up events were held in the community showcasing inpatient, universal care, and long term care rooms. Staff, Residents and patient/family representatives participated in the event.
6. Exterior design was completed.
7. Interior Design was 75% completed by the end of 2012/2013.
8. Training on change and transformation was delivered to the departmental champions to assist them in working with their peers.
9. A value stream mapping event was held to investigate current state operations for public health, diagnostics, emergency, long term care morning care, long term care medication delivery, and therapies. Multiple improvement initiatives were launched as a result of these events.
10. Twelve technology-based projects were launched looking at the various technologies that will be required for the new facility.

Site signage for the new Southwest Integrated Healthcare Facility in Maple Creek, SK was unveiled in June 2012. Construction on the facility continues with the scheduled opening to be in 2014.

The facility construction timeline continues to function as per the developed schedule. It is anticipated to open its doors in the summer of 2014.

SYSTEM HOSHIN: Deploy a Provincial Continuous Improvement System; Strengthen Patient-Centred Primary Health Care

Cypress Health Project:

Proposed Leader Integrated Healthcare Facility

This project explored the following identified problem/challenge ... 'the Current care delivery model(s) and facility infrastructure(s) in Leader are disjointed, do not utilize full scope of provider abilities, and are not adequately patient and family centered. Each of these deficiencies contributes to multiple wastes and hand-offs, perpetuating inefficient processes, limiting patient access to services, increasing potential for inter/intra-provider miscommunication, and ultimately contributing to negative patient outcomes.'

The project's target included the creation of a physical environment that supported the involvement of a Lean, integrated, multidisciplinary approach to providing patient and family centred healthcare. In addition, it also included the development of a model of care that supports a Lean, integrated, multidisciplinary team approach to providing patient and family-centred healthcare that enables consistently efficient access to services and better patient outcomes.

Leader completed functional programming in fall of 2011 and this project was intended to pursue the full scale development of a new integrated healthcare facility and model of care, in conjunction with the primary health care site's Innovation Site enhancement.

This project was placed on hold due to the unavailability of capital funding. In the process of receiving other designated primary healthcare innovation funding, some of our functional programming targets were met. These include the following:

1. Primary Health Care Registered Nurse Case Manager – works with Physicians and Nurse Practitioner to ensure proper flow of services and information to the patients.
2. Primary Health Care Counselor – Provides intervention counseling services to ensure clients are seen quickly and pro-actively prior to entering our standard community health services streams.

The Region and community partners continue to discuss the current infrastructure challenges that have been identified within the health buildings and the future options available for integrating the health services in Leader under one roof.

Strategy: Better Care

SYSTEM 5 YEAR OUTCOME: By March 31, 2013, all patients are offered the option to have surgery within six months.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 2013, 100% of expected surgical case volumes delivered by region.

SYSTEM HOSHIN: Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care.

Cypress Health Results:

In conjunction with the Ministry of Health and other RHAs, Cypress Health is continuing to explore strategies to improve the efficiency, appropriateness, and effectiveness of processes involved in the delivery of surgical services. The Region looks forward to playing a major role in the provincial target of reducing surgical waitlists to less than three months for elective surgeries by March 2014.

Surgeries performed during the 2012-13 year:

Inpatient > actual number performed 754; target number 800; 94.3% total
Day Surgery > actual number performed 1338; target number 1400; 95.6% total
Overall > 2092 actual, 2200 target. Therefore, 95.1% achievement of target.
Among the Region's surgical complement of physicians, only one general surgeon completed surgical procedures until the recruitment of a second general surgeon in late-summer 2012. In addition, educational commitments during the year for both general surgeons prevented them from practicing to their full capacity over the course of the entire fiscal year.

Number of patients waiting for surgery

As of March 31, 2013 > 0 patients were waiting longer than 6 months for surgery. The Region's surgical team has been very successful in monitoring surgical wait times, and the data shows that 0 patients have been waiting for surgery for longer than six months over the last five monthly reporting periods.

Source: Cypress Health Region, Surgical Department

At the highest point during the fiscal year, a total of 4 patients (April 2012 reporting period) were waiting longer than six months.

- Only 3 patients were waiting longer than 3 months for surgery, as of the March 31, 2013 reporting period. Therefore the Region is already progressing well towards the 2013-14 outcome of no patients waiting more than 3 months for surgery. However, it is noted that there may be some minor challenges with some of the visiting specialty surgeons' cases meeting the goal, due to their low amount (1 day per month) of being on-site, and the increasing demand for ophthalmology procedures.

SYSTEM 5 YEAR OUTCOME: By March 31, 2013, all patients are offered the option to have surgery within six months.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 2013, improve processes for discharging patients into their home hospital or community through the adoption of new discharge planning tools and processes. D-minus system implementation.

SYSTEM HOSHIN: Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care.

Cypress Health Hoshin/Project:

Discharge Planning

For Cypress Health residents who required surgical procedures in tertiary centres, an issue arose with delays in transferring post-operative patients back to the Cypress Health Region for recovery or placement. This increase in tertiary centre stays can impact that facility's ability to provide additional surgical services to patients on their waiting list, and directly affects the quality of life for patients awaiting transfer back to their home health region.

A Client Navigator position was created in late 2011 and the benefits of such a position have been steadily increasing since its inception. The position's primary role is to coordinate the movement of patients going to and coming back from tertiary centres for surgical procedures. Goal is to transfer all patients within 24 hours of receiving information that the patient is ready to transfer back from the tertiary centre.

The position is part of the Provincial Discharge Planning Group and part of the Region's D-system implementation team.

Results/successes:

Citrix program created to share information with registration staff to monitor/track surgical and non-surgical patients.

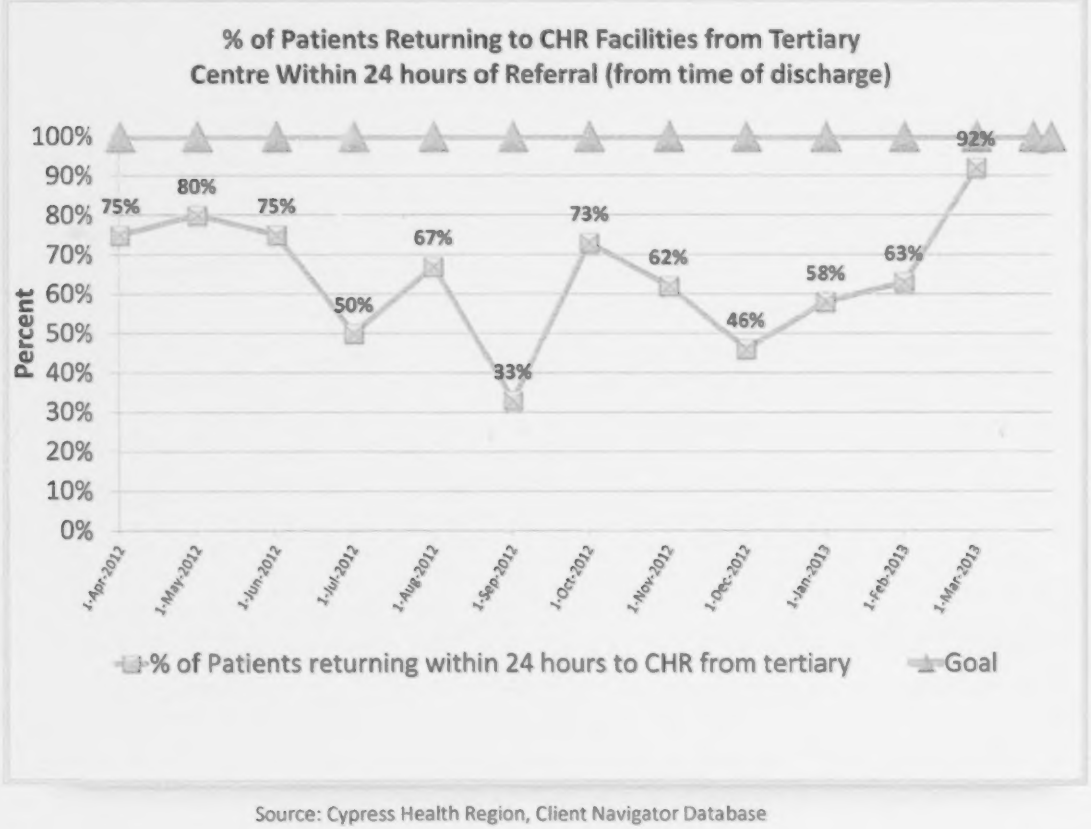
Review of readmissions to ensure discharges are not completed too early which is a direct cause of the readmission.

'Home First' program will be incorporated to enhance home care services and maintain clients staying in their homes as soon as is safely possible.

Tertiary returns coordinated by Navigator > 67 patients (41 surgical, 26 non-surgical) in 2012; 60 patients (22 surgical, 38 non-surgical) to date in 2013.

2012 calendar year > 338 patients presented to the Client Navigator including 198 placed in long term care (wait time = 7.7 days), 31 placed in palliative care (wait time = 4.0 days), 89 placed in program beds (wait time = 1.1 days), and 20 determined not applicable for placement in these options.

2 patient representatives participating on discharge planning team and providing key feedback on protocols and monitoring guidelines.



Source: Cypress Health Region, Client Navigator Database

SYSTEM 5 YEAR OUTCOME: By March 31, 2017, zero surgical infections from clean surgeries.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 2014, all surgeries in an operating room will use surgical safety checklists.

SYSTEM HOSHIN: Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care.

Cypress Health Results:

The Surgical Safety Checklist has been implemented in the Region since 2011 and is continuing to become a standard practice in the operating theatres. Utilizing the capabilities of the O.R. Manager surgical software technology, the Region is among the only RHAs in the province to audit every surgical procedure to monitor the actual utilization of the Surgical Safety Checklist, versus a minimum number of days or procedures that are audited per month. This ability to audit all of the procedures provides a more consistent and reliable depiction of the Checklist utilization. In addition, the Region's surgical department has made the determination to include the Surgical Assistants as a vital part of the surgical team, and their presence during all three phases of the procedure is included in the overall audit per procedure. This decision has placed a further challenge on meeting the overall target of 100% achievement, but it does provide a better quality of care to surgical patients.

As per the below graphical depiction, the Region's success rate is very high – achievement rates have been maintained at or above 96% of all surgical procedures for the past 9 months of the fiscal year, including several months of a 99% achievement rate. In March of 2013, the full Checklist was performed 180 out of 181 procedures for an outstanding rate of 99.45%.

Source: Cypress Health Region, Surgical Safety Checklist Operating Room Manager Database

SYSTEM 5 YEAR OUTCOME: By March 31, 2017, zero surgical infections from clean surgeries.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 2017, 100% of surgeries will use the Surgical Site Infections Bundle.

SYSTEM HOSHIN: Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care.

Cypress Health Results:

An initiative of *Safer Healthcare Now!,* the bundles have been 100% implemented within the surgical program at the Cypress Regional Hospital. Surgical site infections are being tracked and monitored to determine where improvements can be made, via an internal partnership between surgical staff and infection control practitioners.

During 2012-13, three surgical procedures (C-sections, hysterectomies, bowel-related) were prioritized as those posing high risks for post-surgery infections to occur. Additional attention was paid to these procedures and a process was developed for patient contact a minimum of 30 days post-procedure, to

inquire into the presence of infections and to answer any post-surgery questions that the patient may have had. Improvements to the contact process are being made for the future in an attempt to contact patients quicker. In addition, regular chart audits are going to be implemented in the cases of identified infections to determine if any components of the bundle were overlooked.

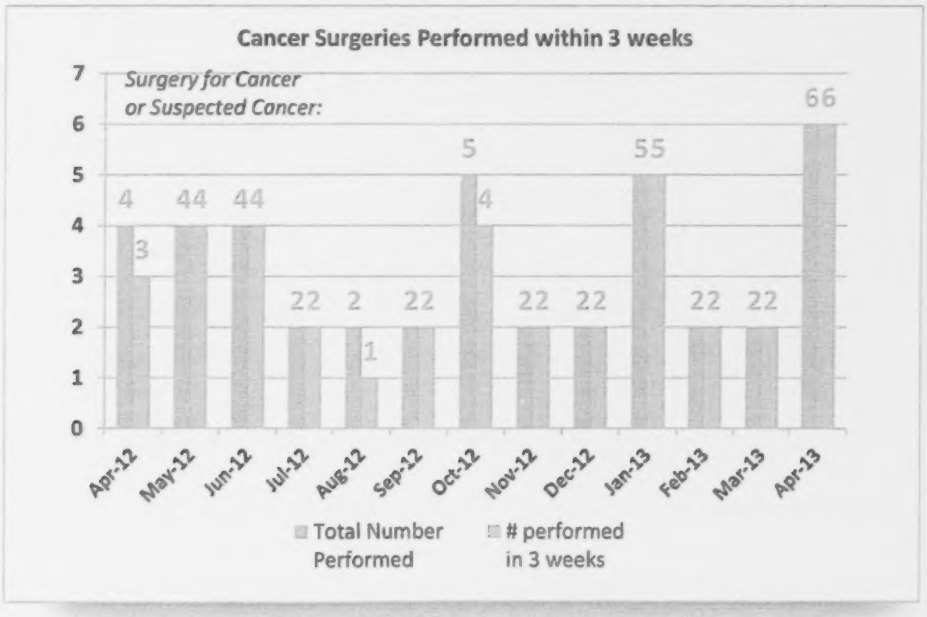
The Region continues to seek guidance from the Ministry of Health's patient safety unit and other RHAs' infection control departments in relation to the development of a consistent province-wide set of infection-related indicators that would become part of the Surgical Information System.

SYSTEM 5 YEAR OUTCOME: By March 31, 2015, all cancer surgeries or treatments are done within the consensus-based timeframes from the time of suspicion or diagnosis of cancer.

SYSTEM MEASURE: By March 31, 2017, there will be a 50% reduction in value stream waste for the provision of cancer surgery/treatment.

Cypress Health Results:

The Region has achieved this target timeline throughout the 2012-13 fiscal year, with the exception of 3 patients. In the event where the 21 day target (from booking received to surgery) is not met, a thorough review of each occurrence takes place to determine the rationale – there are a variety of reasons behind the delay including patient preference, patient health condition preventing surgery, and incomplete or unavailable pre-surgical testing.



Source: Cypress Health Region, Surgical Department

SYSTEM 5 YEAR OUTCOME: By March 31, 2017, no adverse events related to medication errors.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 2015, medication reconciliation (MedRec) will be undertaken at all admissions and transfers/discharges in acute, long term care, and community.

SYSTEM HOSHIN: Safety Culture – Focus on Patient and Staff Safety.

Cypress Health Hoshin/Projects:

Medication Reconciliation

The Region's target for the Medication Reconciliation Hoshin project for 2012-2013 was to have a formalized Medication Reconciliation on admission process in 100% of acute care facilities with 100% completion of Medication Reconciliation on admission in acute care.

- The five acute care sites within Cypress have implemented a formal Medication Reconciliation process as of March 31/2013 thus reaching the target of implementing a formal Medication Reconciliation in 100% of acute care sites.
- Cypress Regional Hospital has had a formal Medication Reconciliation process in place for approximately four years.
- The four rural hospitals in the Region did not have a formal Medication Reconciliation process as of April 1/2012. They were unable to adopt the same process as the Cypress Regional Hospital due to staffing differences.
- Through much planning and a failure, modes, effects analysis (FMEA) a formal process was developed for the four community hospitals.
- Leader implemented the process first, followed by Herbert, Shaunavon, and Maple Creek.
- For 2013-2014 the areas for improvement within the Medication Reconciliation process include introducing Medication Reconciliation on admission, transfer, and discharge in all acute care, long term care, home care, and community sites.
- Medication Reconciliation will continue to be monitored as a process measure of the Cypress Health Region Medication Error project.
- The Region will continue to monitor and provide monthly Medication Reconciliation data to the Ministry of Health.

Accreditation Required Organizational Practice (ROP) Compliance

The Region will be visited by Accreditation Canada surveyors in October 2013 and it determined that a focused effort be placed on the level of ongoing compliance with the ROPs that will be part of the survey review. In addition to the ongoing ROPs that carried forward from the 2010 survey, there are five new ROPs that required the appropriate teams to address.

A staff member 'Lead' was identified for each of the ROPs and they are coordinating the review and preparation of quality improvement tasks to prepare for the Accreditation survey. Among other efforts, the Leads and appropriate staff and patient/family rep teams are reviewing the previous audits completed on the ROPs and whether their achievements are being sustained since the 2010 survey.

Falls Prevention in Long Term Care and Community

Continuing the efforts from previous years, the Region maintained the priority of reducing the incidence of falls involving long term care residents and in community/home care settings.

Long term care > focus continued on the March 2012 post-implementation of the *Safer Healthcare Now Falls Prevention Bundle* within all facilities, and the benefits of the initiatives included in the bundle. Falls prevention staff champions from each facility coordinated the efforts within their facility's staff to reduce the number of falls that residents incurred, and to lessen the risk of injury to those who did suffer a fall.

- Initiatives – use of *Scott's Falls Risk Tool* for all residents upon admission, with reviews when a resident's health situation has significantly changed which may have an affect on the risk of falls; use of hip protectors for high risk fallers to protect them if/when fallen; use of special anti-slip socks to prevent falls; review of restraint policies; use of bed and wheelchair alarms; development of post-fall checklist to ensure that a standardized list of items are reviewed for quality improvement processes.

Community/home care settings > implementation of a Community Falls Prevention program in communities throughout the Region, where education and awareness consultations are held with that community's Emergency Medical Services (EMS) service staff to assist in delivering falls prevention programming to home care clients and community residents. A total of 7 communities' EMS staff were provided with the training and education sessions, and they provided a series of community education sessions to increase the public's awareness of fall hazards and how to prevent them from occurring.

Releasing Time to Care ™

The Cypress Health Region concluded several projects through the Releasing Time to Care ™ (RTC) program. Medical/Surgical Services at the Cypress Regional Hospital completed its final RTC module in January 2013 with improvements noted in value added time spent with patients. The Women's and Children's Health Services Unit completed their Releasing Time to Care ™ project in April 2013. Improvements in communication between staff and patients and overall staff well-being have been witnessed. And lastly, RTC in Mental Health has implemented 5 of the 11 modules with a target of completing the RTC improvement process in March 2014. These three projects will continue to utilize the valuable improvement initiatives that resulted from RTC.

SYSTEM 5 YEAR OUTCOME: By March 31, 2017, patients' ratings of exceptional overall healthcare experience are in the top 20% of scores internationally.

SYSTEM MEASURE: Percentage of patients rating their hospital as '10 out of 10'.

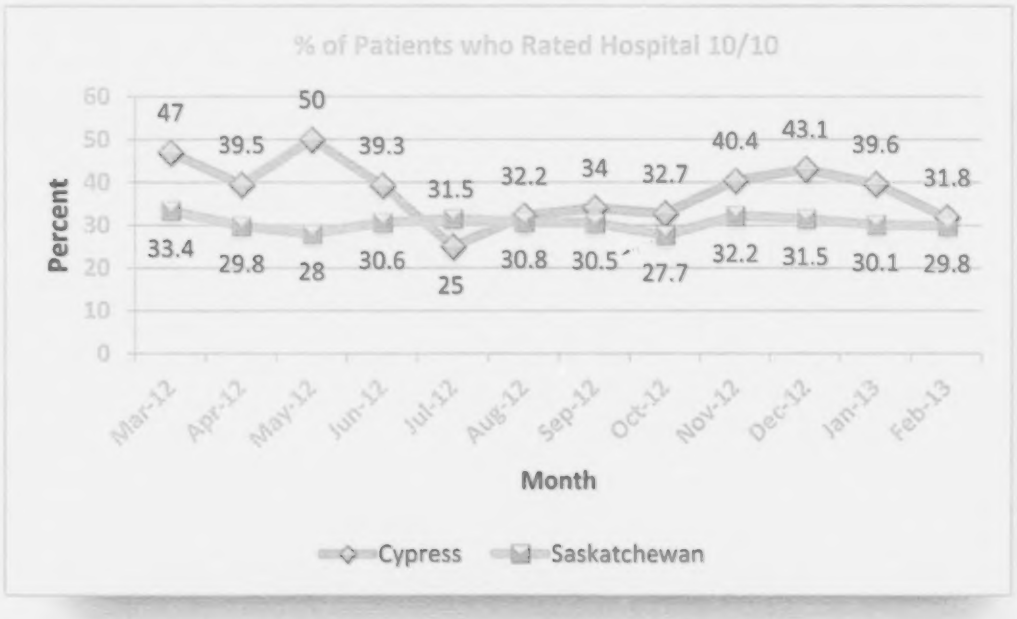
Cypress Health Project:

Health Quality Council Patient Experience in Acute Care Survey

This indicator reports on the percent responding 10/10, because evidence has shown that patient satisfaction scores are consistently skewed to the upper end of the scale. So, in order to obtain a true reading of exceptional care, the health system must focus on the proportion of patients who select the "top box" – the highest possible score as their response.

This indicator reflects current best practice in measuring the patients' experience of exceptional care. It also is the best information currently available in Saskatchewan to respond to the *Patient First Review* and report on patients' perceptions of their experience of their care in hospital.

When Cypress Health's patients were asked to rate their hospital experience on a scale from 0 to 10, 36.7% rated their visit as a '10 out of 10' in 2012-13. This represents an increase from 33.9% in 2011/12.



Source: Health Quality Council Patient Experience Survey, Quality Insight Online

In the case of the "Best Possible Hospital" question, where patients are asked to rate the hospital on a scale from 0 to 10, some people have commented that '10' is a pretty lofty goal for our hospitals. Fred Lee, author of *If Disney Ran Your Hospital: 9 ½ things you would do differently*, makes a compelling argument for the fact that anything less than the top score does not gain customer (or patient) loyalty. "Loyalty is harder to achieve than satisfaction, but it is not as hard as one might think. Whereas a patient who remembers nothing in particular about their hospital stay might give a 7 – 9 on the 10-point scale, a truly content patient will offer a '10'. This patient is also much more likely to share their positive story with friends and family." The trick to getting a '10', Lee explains, is simply for somebody (not everybody) to do something special beyond what is expected. It is the unexpected event that makes a stay memorable.

Fred Lee
If Disney Ran Your Hospital

SYSTEM MEASURE: Percentage of patients who indicated that they always experienced the highest level of communication possible from their doctors.

Cypress Health Project:

Health Quality Council Patient Experience in Acute Care Survey

Communication with doctors has been identified by patients to be an important aspect of hospital experience reflecting on the quality of the hospital care they received. This is a composite indicator made of three individual questions:

- 'During this hospital stay, how often did doctors treat you with courtesy and respect?'
- 'During this hospital stay, how often did doctors listen carefully to you?'
- 'During this hospital stay, how often did doctors explain things in a way you could understand?'

Source: Health Quality Council Patient Experience Survey, Quality Insight

Cypress Health Region saw steady results in the percentage of patients rating physician communication as optimal. Communication with doctors being the highest level possible was 74.2% in 2011-12 and was down slightly to 73.4% in 2012-13.

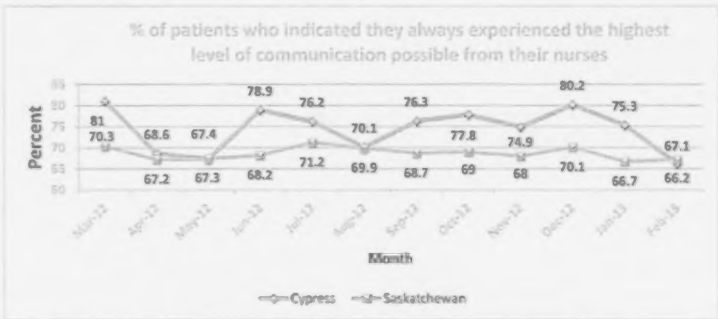
SYSTEM MEASURE: Percentage of patients who indicated that they always experienced the highest level of communication possible from their nurses.

Cypress Health Project:

Health Quality Council Patient Experience in Acute Care Survey

Communication with nurses has been identified by patients to be an important aspect of hospital experience reflecting on the quality of the hospital care they received. This is a composite indicator made of three individual questions:

- 'During this hospital stay, how often did nurses treat you with courtesy and respect?'
- 'During this hospital stay, how often did nurses listen carefully to you?'
- 'During this hospital stay, how often did nurses explain things in a way you could understand?'



Source: Health Quality Council Patient Experience Survey, Quality Insight

An increase was observed for nurse communication being the highest level possible from 72.7% in 2011-12 to 74.6% in 2012-13.

Substantial variation in the Region's monthly performance can still be seen on the three patient experience survey indicators; the hope is with future improvement work we will continue to drive the scores upward, sustain increases, and reduce variation.

Strategy: Better Value

SYSTEM 5 YEAR OUTCOME: By March 31, 2017, the healthcare budget increase is less than the increase to provincial revenue growth.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 31, 2016, all major capital projects will use 3P (production, preparation, process) design methodology.

SYSTEM HOSHIN: Deploy a *Continuous Improvement System.*

Cypress Health Hoshin/Projects:

Capital Project Planning in Maple Creek and Leader

Although not considered 'formal' processes, planning for the new Southwest Integrated Healthcare Facility in Maple Creek and for the proposed integrated health building in Leader utilized the principles of 3P planning during their design phases.

In Maple Creek, a working committee comprised of staff, long term care residents, acute patients, patient/family representatives, community members, and architectural team developed a life-size mock-up of several rooms being planned for the new integrated facility. A community hall was utilized to construct life-size replicas of a long term care room, acute treatment room, and universal care platform room. Staff and residents/patients were provided opportunities to tour and comment on the room replicas and offer suggestions for improvement in the design of the rooms. A public informational event was held where the general public were allowed the opportunity to tour the room replicas and assist in determining a variety of design specifics (ex. color palettes, interior and exterior options, etc.).

During initial conversations in Leader regarding a proposed integrated facility, a committee of staff champions, patient/family representatives and community members completed a 'Lego' mini-mock-up of acute patient rooms and the utilization of a modified model of universal care platform.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 31, 2016, 880 health care leaders will be certified in Lean, with 240 leaders certified within 2012-13.

SYSTEM HOSHIN: Deploy a Continuous Improvement System.

Cypress Health Hoshin/Projects:

Lean Leader Certification

During fiscal year 2012-13, a total of 18 Cypress Health representatives began their Lean Leader Certification requirements. These individuals are at various stages of the certification, with all of the educational and other course offerings requiring travel to other cities within the province. A major time commitment of 76 days is required for the certification level, in addition to travel and preparation necessities, to achieve this very beneficial philosophy of continuous quality improvement.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 31, 2017, more than 1,000 focused quality improvement events involving front-line staff, physicians, and patients will be undertaken in multiple areas of the health system, in order to improve the patient experience and reduce error.

SYSTEM HOSHIN:

Deploy a Continuous Improvement System.

Cypress Health Hoshin/Projects:

Progressing in Continuous Quality Improvement

The Region is fully supportive of efforts and initiatives that promote continuous improvement and enhance safety for our patients and staff members. The introduction of Lean has been well-received and its customer-focused approach that puts the needs of the patient at the forefront aligns very appropriately with our primary strategic objective. Lean strategies and processes have the ability to improve the worklife of our staff and increase their ability to provide their valued input into day to day processes.

Some of the many initiatives include:

Establishment of the Cypress Kaizen Promotion Office in October 2012 > coordinated efforts for quality improvement events and initiatives.

Value stream mapping exercises for the Southwest Integrated Healthcare Facility, to assist with determining flows of patients/residents, staff, information, equipment, etc. during the design of the new facility.

'5S' projects at the Shaunavon Hospital & Care Centre, in advance of their facility's renovations and relocation of departments to accommodate a primary health care medical clinic within the building.

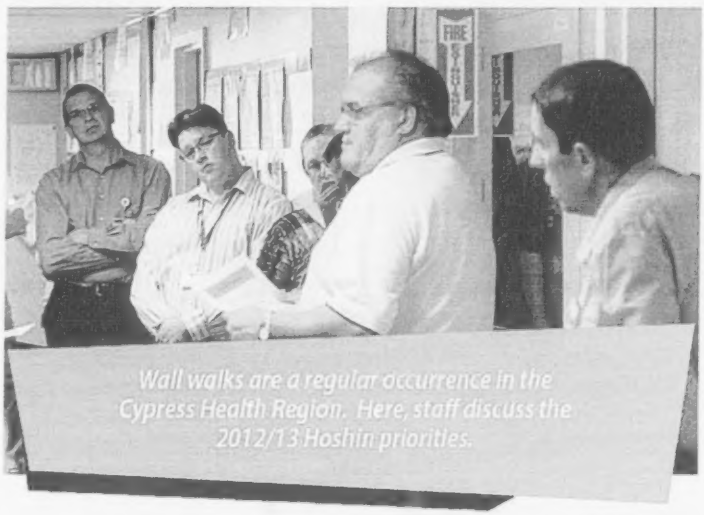
Value stream mapping exercises within the Human Resource department, including benefit plan registration, scheduling, payroll, and position posting processes.

Value Stream Mapping exercise at the Shaunavon Hospital & Care Centre – planning for the renovations required to transition a primary health care clinic into the facility.

Consultations for the second cycle of the Strategic Deployment 'catchball' process

Surgical department value stream mapping and patient shadowing to determine areas for improvement throughout the entire pre-surgery, surgery, and post-surgery phases of the patient experience.

Implementation of Cypress Health Visibility Wall, with standardized schedule of reviews and huddles between a variety of committees/departments/members of the Cypress Regional Health Authority, Senior Leadership Team, Regional Operational Committee, Practitioners Advisory Committee, Kaizen Promotion Office staff, patient family representatives, etc.



Wall walks are a regular occurrence in the Cypress Health Region. Here, staff discuss the 2012/13 Hoshin priorities.

Implementation of Visibility Walls in regional facilities and offices, with regular scheduled huddles for managers and staff to review the strategic priorities, facility-specific priorities, and other information.

'Mistake Proofing Projects' as part of the Lean Leadership North American Tour responsibilities > reducing bath tub burn incidents in long term care, medication error prevention on medical/surgical department.

Kaizen Basics Training > with the Lean Leadership training initiated in 2012-13 fiscal year, an opportunity was seized to provide additional education for some of those participants to be trained as 'Kaizen Basics Trainers' who began to provide training opportunities for staff later in the fiscal year. Over the short period of time available, slightly under 200 staff members/Regional Health Authority members were provided with Kaizen Basics training. Additional opportunities are provided on a regular basis, with the goal to provide the training in multiple locations in the Region in the next fiscal year.

SYSTEM 5 YEAR OUTCOME: By March 31, 2017, the healthcare budget is strategically invested in information technology, equipment, and facility renewal.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 31, 2015 have achieved an accumulated total savings of $100 million through shared services initiatives.

SYSTEM HOSHIN: Identify and Provide Services Collectively through a Shared Services Organization.

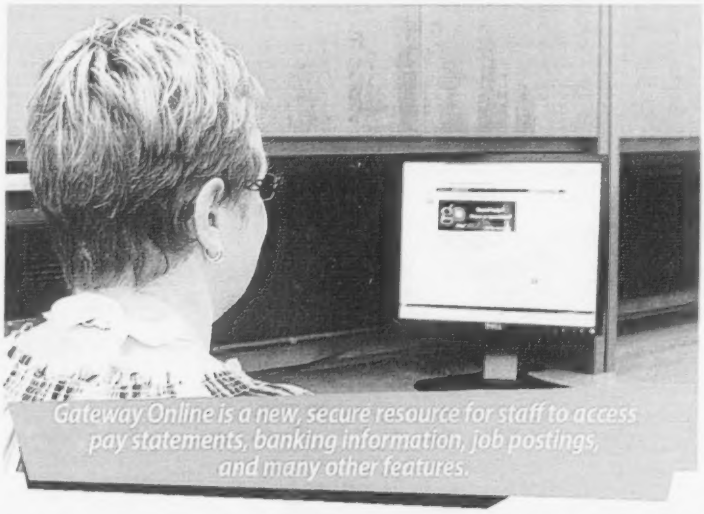
Hoshin/Projects:

Health Shared Services Saskatchewan

Health Shared Services Saskatchewan (3sHealth) was formally established in 2012 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and the SCA will improve the quality of services provided, lower costs and redirect resources to patient care.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2012-2013 include:

- Established 3sHealth Board of Directors. The nine member board was established to help guide the organization to achieve its goal of providing efficient, customer-focused, quality, province-wide shared services to Saskatchewan's health sector.
- Participating in, and adopting Lean management systems and Lean certification training to help further the provincial strategy to transform healthcare in Saskatchewan into a system that puts patients first.



Gateway Online is a new, secure resource for staff to access pay statements, banking information, job postings, and many other features.

- Continued to leverage additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of $7.7 million for 2012-2013.
- Implementing Global Healthcare Exchange (GHX), a software system to automate and streamline supply chain operations.
- Continued work to enhance, automate, and standardize human resource processes through Gateway Online. This work has resulted in printing and paper cost savings, increased accuracy of information, and is allowing healthcare administrators and employees to spend less time on manual administrative processes and more time focused on the patient.
- Completion of the business case recommending a provincial linen strategy to enhance quality and infection control standards, achieve efficiencies, and secure safe working conditions.

The implementation of this strategy moving forward is expected to save the healthcare system $93 million over ten years.

Work focused on Lean, group purchasing, GHX, standardizing human resource processes and the provincial linen strategy will continue in 2013. In addition to this work, 3sHealth received approval from its Board of Directors and the Council of CEOs to proceed with the development of eight new business cases. These businesses cases will explore opportunities for shared services and will be guided with a view of improving quality of services for patients and families, and achieving a five year cumulative target of $100 million in provincial savings. The eight new business cases include:

- Laboratory Services
- Diagnostic Imaging
- Environmental Services
- Supply Chain
- Information Technology and Information Management
- Enterprise Risk Management
- Capitol Projects
- Workflow Optimization

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 31, 2015 have achieved an accumulated total savings of $100 million through shared services initiatives.

SYSTEM HOSHIN:

Identify and Provide Services Collectively through a Shared Services Organization.

Cypress Health Hoshin/Projects:

Workflow Management

This project identified the following problem statement … 'our human resource, payroll, scheduling, benefits, and finance processes with problems with duplication, errors, manual processes, and lack of standardization.' It was noted that 'there are no automated processes to assist in collecting required data and there are no workflow processes to ensure data is forwarded to required departments in a timely manner.'

The project's targeted improvements included the reduction of time that employees, managers, payroll and scheduling staff, human resource staff, and others spend on processing, keying, and correcting employee related data. In addition, enhancing the timelines associated with turnaround of employee information transfers between departments and staff, and the reduction of paper usage was also identified.

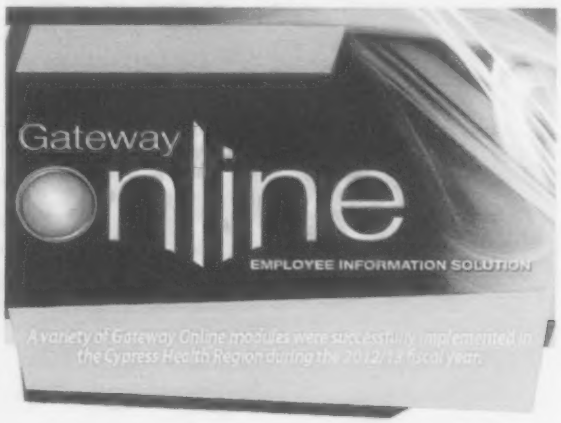
Proposed action surrounded around the planning and implementation of the provincial Gateway Online system as coordinated by 3sHealth and the Provincial Workflow Management Working Committee. **Action steps and results included:**

In July 2012, implementation of the *Personal Information* module; saving the payroll and scheduling departments approximately 30 hours of keying each year and saving the employees approximately 30 hours per year in paperwork and duplication of efforts.

In November 2012, implementation of the *Talent Management* and *Position Management* modules.

Anticipated implementation date for *Applicant Tracking and Postings* was January 2013 but was not implemented until June 2013.

Additional modules continue to have roll-out implementation timelines, and the Region will continue to work on these scheduled timelines and move towards the other modules being operational and rolled out by October 2013.



A variety of Gateway Online modules were successfully implemented in the Cypress Health Region during the 2012/13 fiscal year.

Additional statistical successes/achievements:

Approximately 92% of the Region's employees have initialized their Gateway Online accounts, to access payroll information and participate in the many features that the 'workflow management' modules offer.

Approximately 35-40% of the Region's employees view their earning statements online every pay period.

Annual administration time saved through process automation > in excess of 500 hours.

Cypress Health Success:

The Cypress Health Region became the first provincial RHA to fully implement the Provincial eHealth RIS-PACS technology in all of its acute care facilities.

Minister of Rural and Remote Health Randy Weekes speaks of the benefits of RIS-PACS in Cypress Health. All 5 Hospitals in the Region are now connected for Diagnostic Imaging.

Strategy: Better Teams

SYSTEM 5 YEAR OUTCOME: By March 31, 2017, zero workplace injuries.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 31, 2014, 100% of the regions have implemented a safety management system.

SYSTEM HOSHIN: Safety Culture – Focus on Patient and Staff Safety.

Cypress Health Hoshin/Projects:

Improve Workplace Safety

A Safety Advisor with the Saskatchewan Association for Safe Workplaces in Health visited the Region to discuss the formal development of a Safety Management System (SMS). The Region has a solid foundation of policies, procedures, training program, and communication tools required to manage health and safety in the workplace. The requirements for attaining the SMS are being reviewed, including a self-assessment of the level of achievement of all necessary components.

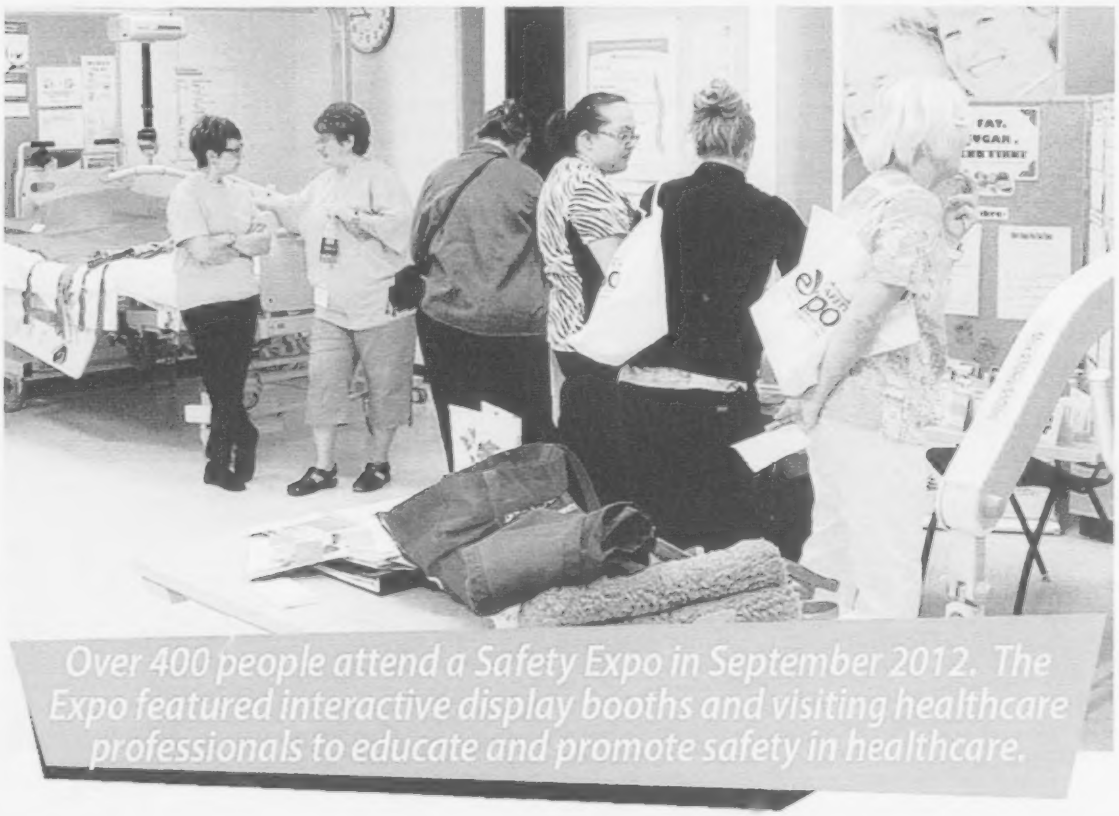
As part of its commitment to staff and patient safety, the Region focused efforts on the incidence and prevention of musculoskeletal injuries, and in particular the mandatory training requirements associated with the *Transfers, Lifts, Repositioning* (TLR) for staff and the number of incidents that required a time-loss for staff.

Additional emphasis was directed towards the identification of staff that had passed the recertification date for their TLR refresher education course, and the provision of targeted courses to reduce that number to ensure that the staff were practicing safe TLR processes within their work environments. Although a complete reduction was not achieved, over 400 staff who were past their TLR recertification date received their required refresher education course over a period of nine months during the fiscal year.

Revisions to the incident reporting form were completed during the year, making it more user-friendly and accessible in an online format.

Other initiatives included the coordination of a series of three senior and safety expo days, with over 700 staff and public attending one of the events; development of a Regional Safety Day for staff, ongoing commitment and training for local OH&S committee work throughout the region.

The Region is also displaying WCB signage in facilities stating the number of days free from a staff injury, which will become part of the daily management huddles, with discussions on how to prevent any injuries that occurred since the last huddle.



Over 400 people attend a Safety Expo in September 2012. The Expo featured interactive display booths and visiting healthcare professionals to educate and promote safety in healthcare.

SYSTEM 5 YEAR OUTCOME: By March 31, 2017, the employee engagement provincial average score exceeds 80%.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 2017, 25% of staff and clinicians (about 7,500) are trained in continuous improvement basics (Kaizen basics). The target numbers for 2012-13 are 3,000.

SYSTEM HOSHIN: Deploy a *Continuous Quality Improvement* system

Cypress Health Results:

Kaizen Basics Training

With the Lean Leadership training initiated in 2012-13 fiscal year, an opportunity was seized to provide additional education for some of those participants to be trained as 'Kaizen Basics Trainers' who began to provide training opportunities for staff later in the fiscal year. Over the short period of time available, slightly under 200 staff members/Regional Health Authority members were provided with Kaizen Basics training. Additional opportunities are provided on a regular basis, with the goal to provide the training in multiple locations in the Region in the next fiscal year.

SYSTEM 5 YEAR OUTCOME: By March 31, 2013, increase physician engagement scores by 50%.

Cypress Health Results:

The Region continues to look for additional opportunities to engage physicians and other health providers in becoming active partners in continuous quality improvement activities, with the interests of putting the patients first as the primary priority.

Activities/initiatives:

Development of clinical department heads and involvement of these physicians in improvement efforts via committees and participation in patient/family activities.

Joint Regional Medical Association and Senior Leadership Team meetings every quarter, to discuss issues and opportunities for improvement.

Practitioner Advisory Committee meetings every two months, including all clinical department heads and other health providers.

Senior Medical Officer and Chief Executive Officer meetings with specialist groups on a rotational basis, to discuss issues and opportunities for improvement that are specific to the specialist community and in relation to patient first initiatives.

Participants of the Family Medicine Residency Program stand with Dr. Tara Lee (fourth from left), Residency Site Director, during a physician appreciation event held in 2013.

Regional Health Authority and Senior Leadership Team hosted 'Physician Appreciation Event' to acknowledge long service awards in the physician community, and to foster relationships between these members of the Cypress team.

Discussions with a physician group interested in enhancing the obstetrical care programming within the Region, where a regional obstetrics referral and peri-natal service would be available at the Cypress Regional Hospital.

Planned utilization of telehealth technology to engage rural physicians and region specialist physicians in discussions regarding the internal patient referral processes, and to provide consultation services for patients throughout the Region using telehealth technology.

Additional Cypress Health Initiatives

Leadership Development - the Region does not currently have a coordinated approach to mentor, develop, or support future leaders in the organization. Over 50% of the current out of scope staff (35% of our SLT and Director level positions and 25% of our program/health services managers) are eligible to retire by the year 2015, and efforts are required to develop a plan to mitigate the risk associated with loss of knowledge and experience that is crucial for business continuity and to ensure succession planning.

As part of Leadership development the Region offers the 'Saskatoon Leadership Program' to its leaders to improve and enhance their skills. Additionally the Region is also planning to provide an in-house mentorship program for its employees to augment their knowledge, skills, and abilities. Cypress Health is one of four distribute learning sites with 25 participant seats available.

Career Development: We would like to create a reputation as an employer of choice by offering career development and growth opportunities for high performing employees.

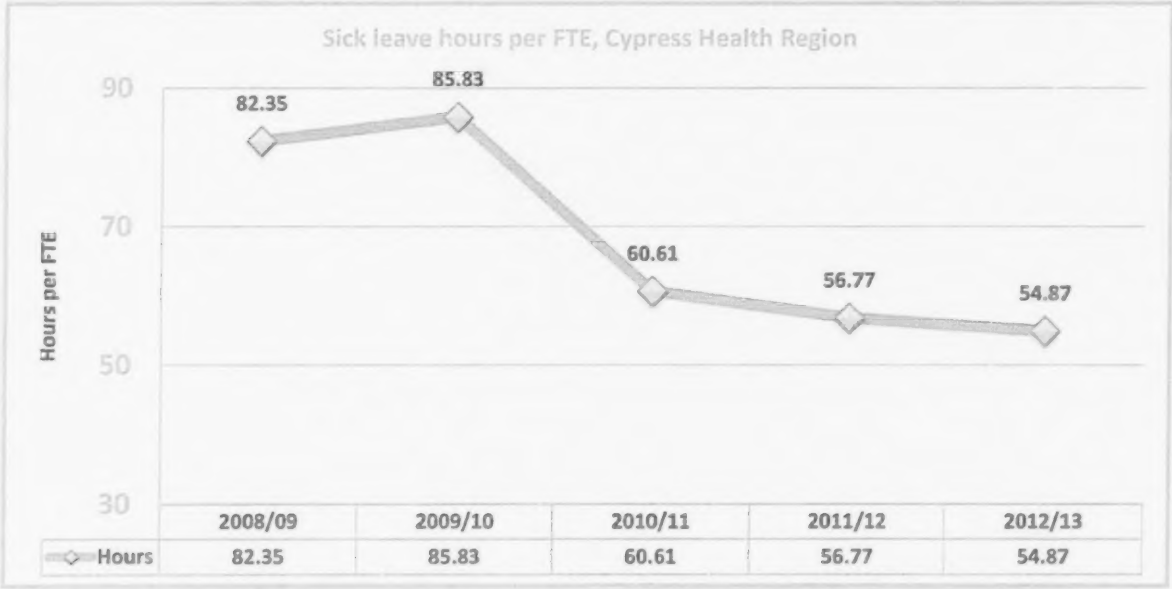
Target > interview and collect required skill competencies for 50% of SLT/Directors/Managers by end of Mar 31/13 and we were successful in achieving this goal.

Management Capacity - as part of a South Regions' Forum initiative, the Region participated in a review of the regular work activities of managers with the objective of identifying and eliminating wasteful activities, and providing them with additional capacity to complete their daily duties.

Data collected identified that improvement efforts were required in the areas of email management, meeting frequency and mediums to participate, travel requirements, and the use of technology to improve their daily work capacity.

Internal committee developing a series of strategies which will be implemented, and then a follow-up survey will be completed with the test group to determine the effectiveness of the revised processes.

Cypress Health Employee Staffing Strategy (CHESS) - The Cypress Health Region received a target of reducing its sick time hours per FTE (full time equivalent) to 64 in the 2012-13 fiscal year. Continuing the trend that it set over the past years, the Region's staff and physician support was able to set the provincial benchmark with an actual figure of 54.87 sick hours per FTE. This is well below the provincial average of 80.31 sick hours per FTE. The Region has reduced sick time use by 36% since 2009/10.

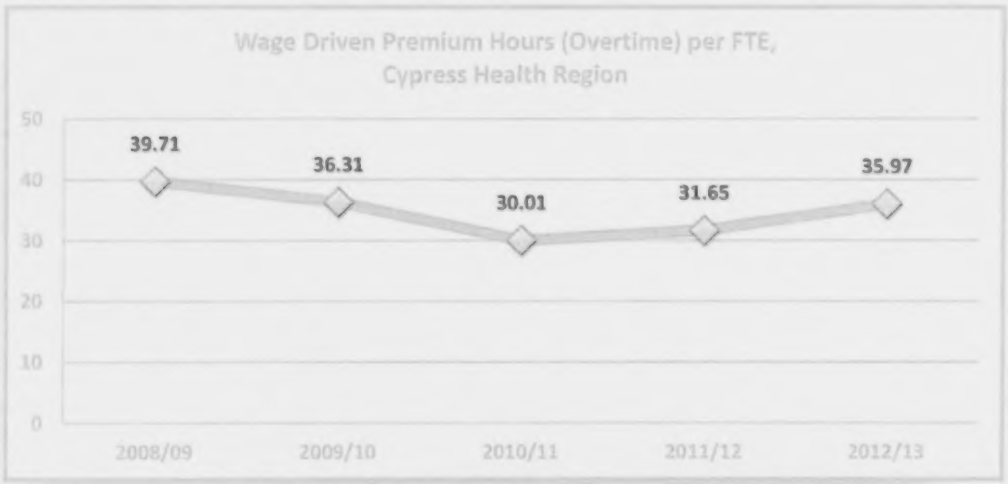


Source: Saskatchewan Ministry of Health, Dashboard Measures, 2012-13

A continued downward trend of WCB claims per 100 FTEs has occurred over the past five calendar years. During 2012, Cypress staff realized an amount of 2.54 claims per 100 FTEs, which far surpasses the provincial average of 5.15 claims. The Region has successfully decreased its WCB claims per 100 FTEs for five consecutive years by utilizing a number of strategies such as same or next day return to work when possible, modified duties for each job description, and enhancing the role of OHS committees in each facility that play a role in addressing specific workplace injury trends in their facility. There has also been significant education to physicians and this has led to functional assessments being offered to staff by the Region in attempting to assist them with an analysis of their abilities.

Source: Saskatchewan Ministry of Health, Dashboard Measures, 2012-13

The Ministry's target for wage-driven premium hours (ie. overtime) was 26.22 hours per FTE in 2012/13. Cypress Health was able to limit its wage-driven premium hours to a rate of 35.97 per FTE. The provincial average was 40.94 hours per FTE. An identified challenge for the reduction of wage-driven premium hours is the ongoing sustainability of existing rural emergency outpatient services – an offset of maintaining the service on an ongoing basis is the necessity to utilize wage-driven premiums to consistently staff the service.



Source: Saskatchewan Ministry of Health, Dashboard Measures, 2012-13

Quality Summit Green Ribbon Awards - April 2012 provincial Inspire Health Care Quality Summit Annual Conference acknowledged the quality improvement efforts being undertaken by Cypress Health teams. Cypress Health initiatives received three of the four total Green Ribbon Awards and an honorable mention award.

- Green Ribbons were received for the 'Meals R Us' initiative (86% reduction in wait times for breakfast meal to be served achieved), 'Improving Communication Bedside Reporting' initiative (83% patient rating of communication with nurses), 'Cypress Expedition' in partnership with Health Quality Council for involvement in posting performance indicators on the *Quality Insight Online* website.
- Honorable Mention received for the Region's Employee Staffing Strategy, which is dedicated to the reducing of sick time, overtime, and WCB lost time claims.

Staff from the Womens and Childrens Health Services Unit at the Cypress Regional Hospital, are joined by then Minister of Health Don McMorris (far left) and 3sHealth CEO Andrew Will (far right), to accept their 2012 Green Ribbon Award for the Bedside Reporting intiative.

Partnership with the University of Regina, SIAST, and Great Plains College - Coordination and delivery of the **Saskatchewan Collaborative Bachelor of Science in Nursing Program** in Swift Current, which will provide an initial 8 training seats for nursing students to complete their 4 year nursing degree in southwest Saskatchewan.

Representatives from the University of Regina, Cypress Health Region, SIAST, and Great Plains College sign a Memorandum of Agreement for the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program to be offered in Swift Current.

Patient Family Centred Care (PFCC) and involvement of Representatives – The Region continues to seek opportunities to enhance the involvement and participation of patients and families in continuous improvement activities.

- During the course of the fiscal year, a total of 20 registered PFCC reps participated in 13 registered PFCC projects. Since the inception of the PFCC program and the tracking of registered representatives, the Region has welcomed the involvement of 57 registered representatives in 27 projects.
- The PFCC reps involvement has been invaluable in a variety of projects, including:
  - Discharge Planning
    - Assess and improve the discharge process within the region as well as provincial.

- Long Term Care Quality Team
  - Include patient/Family on the Quality team service delivery, accreditation focus
- Covered Walkway – Cypress Regional Hospital
  - Entertained PFCC reps in the opportunity to look at a covered walkway for the entrance of CRH
- Primary Health Care Teams
  - Overview of Hoshin Kanri/Strategy Deployment Planning for 2012-2013
- Mental Health Unit – Releasing Time to Care
  - Patient/Family involvement on the RTC Module Work
- Southwest Integrated Healthcare Facility

- Planning for next fiscal year's involvement include:
  - Failure Mode Effects Analysis (FMEA) in relation to the Home Birthing Program – 2 family reps are invited and have accepted to participate in attending the FMEA regarding the enhancement of Midwifery Service Delivery to include home birthing program
  - Sharing of personal stories is scheduled to start In September 2013.

Date: May 29, 2013

CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

In 2013, the Authority commenced capital project spending under newly established shared ownership arrangements with the Ministry of Health. The Authority has followed the judgment and direction of the Ministry in accounting for its asset held under the arrangement on an apportioned net basis.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

B Vachon

Beth Vachon
Chief Executive Officer

Larry Allsen
Chief Financial Officer

2012-13 Financial Overview

The Cypress Health Region ended the year with an operating surplus. However an operating surplus is not a good indicator of financial viability. There are three main financial indicators that must be reviewed and understood to determine an organization's financial viability:

1. **Operating Working Capital** – this indicator is calculated as "Current Assets" less "Current Liabilities" in the operating fund from the *Statement of Financial Position* in the audited financial statements;
2. **Excess of Revenues over Expenses in the Operating Fund (commonly referred to as "Surplus")** – this indicator can be found on the *Statement of Operations and Changes in Fund Balance* report in the audited financial statements; and
3. **Future Required Investments** – this financial indicator does not show up in an audited financial statement and cannot be easily calculated. The indicator refers to an amount that would be required for an organization to make investments to:
    a. Ensure safe, quality services are provided based on standards that presently exist or may be developed for the service.
    b. Ensure quality improvements are implemented and funded.
    c. Ensure updated legislative requirements are implemented [e.g. Health Information Protection Act (HIPA), Occupational Health & Safety (OH&S), Labour Standards, etc.].
    d. Fund critically required capital infrastructure projects.
    e. Fund required replacements and investments of capital equipment.
    f. Invest in best practices and new initiatives to improve services.

Operating Working Capital

= "Current Assets" less "Current Liabilities" in the Operating Fund
= $ 26,997,224 - $20,929,052
= $ 6,068,172

According to this financial indicator, the Cypress Health Region has improved its financial position since inception in 2003. A reasonable expectation for a publicly funded organization is to have a positive working capital that would allow the organization to operate for 20 days. Currently the Region is operating with a positive 17.66 days of working capital in the operating fund. This is a reduction compared to the last fiscal year due to a change in accounting standards and the recognition of employee future benefits.

In order to maintain this working capital the Region needs to continue generating operating surpluses (excess of revenues over expenses) to address needed investments in the third financial indicator listed above.

= "Total Revenues" less "Total Expenses" in the Operating Fund
= $123,912,146 - $125,425,707 + $4,164,000 (fund transfer)
= $2,650,439

The year-end results show a $1,513,561 operating deficit. The region transferred $4,164,000 from a restricted capital fund with the approval of the Ministry of Health to offset a $4,164,000 reduction in operating funding effectively deferring capital funding to a future year. As a result of the transfer, Cypress Health's final operating position was a $2,650,439 surplus.

Therefore the Cypress Health Region met its financial target of having a balanced operating budget, which is a surplus greater or equal to zero dollars. A balanced budget is a good target to have, but when you review the first and third financial indicator described above, the Cypress Health Region should make every attempt to target significant surpluses to:

1. Invest in providing enhanced, safe, and quality health care services.
2. Invest in much-needed capital infrastructure and capital equipment.
3. Strengthen its financial position by investing in its working capital.

Since significant surpluses have been achieved in the past four years, the Region has to determine its most critical areas for investment. It has been determined that the surpluses generated are most needed for investment in capital infrastructure projects and critical equipment needs. Capital infrastructure continues to be a high priority for the Region with the construction of the Southwest Integrated Healthcare Facility in Maple Creek and proposal developed for enhancements in Leader and Swift Current (long term care). The Ministry of Health has also recognized the need for investment into building infrastructure and has provided the Region with an additional $360,000 in the upcoming fiscal year for infrastructure.

Expenditures

The expenditures of the Region were $6,581 under budget. Some of the major expense variances are:

- The Region experienced a large amount of staff vacancies resulting in savings of $1.644 million and the CHESS (Cypress Health Employee Staffing Strategies) program was also successful in reducing sick expenses by $164,000.
- There was various increases in salaries totaling $1,000,000 due to collective agreements, overtime increases, and earned time as a result of the Easter stats falling in the last pay period of the year.
- Medical remuneration was over budget $365,000 from funded initiatives like the rural locum program that was implemented in this fiscal year.
- In order to keep services in some of our rural sites the Region had to use contract nursing which was not budgeted for and this was an added cost of $285,000.

- With the resignation of the pathologist and the difficulty of recruiting a general pathologist lab services were contracted out at an extra cost of $115,000.
- The Region participated in a provincial strategy for the purchase of natural gas which resulting in utility savings of $205,000.
- Unbudgeted small equipment purchases were $250,000. This is the replacement of equipment that does not meet our capital threshold of $3,000.
- Bad debt allowance for uncollectable accounts rose by $220,000.

For further information see *Schedule 1* of the audited financial statements.

Revenues

The revenue of the Region was $2.644 million over budget. Some of the major revenue variances are:

- The Region received an extra $1.787 million in additional base funding from the Ministry of Health with the majority of the funding allocated for collective bargaining agreements, rural locum program funding, physician on call funding, and primary care redesign.
- Patient fees for long term care were $152,500 higher than budgeted due to higher income levels of our long term care residents.
- Out of province utilization of our services and facilities was a significant source of revenue for the Region having received $422,000 in additional unbudgeted revenue.
- Other recoveries and miscellaneous revenue of $500,000 was a result of increases in permit revenue, salary reimbursements, rebates, third party funding of expensed initiatives, and small equipment funding from the Dr. Noble Irwin Regional Healthcare Foundation.

For further information see the *Statement of Operations and Changes in Fund Balances* in the audited financial statements.

Capital

The capital expenditures of the Region were $3.7 million consisting of $1.56 million in infrastructure projects, $300,000 in mortgage payments, $1.488 million in equipment purchases, and $700 thousand on the Southwest Integrated Healthcare Facility in Maple Creek. The capital purchases were funded by the Ministry of Health, Dr. Noble Irwin Regional Health Care Foundation, Community Trusts, donations, and generated operating surpluses.

Special Funds

The Region administers several Community Trust funds totaling $427,000. These funds have been in place since the amalgamation of the Region in 2003 and were set up for the provisions of health care services. For more information regarding community trust funds see *Note 15* in the audited financial statements.

Debt

The Region currently has five mortgages totaling $1,711 million that are guaranteed by the assets of the organization. For more information see *Note 4 and 5* in the audited financial statements.

Future Required Investments

This third financial indicator is future orientated and is extremely difficult to measure. The main strategies to address this indicator would be to generate significant surpluses to:

1. Build reserves for one-time investments like capital investments or short-term initiatives.
2. Make required investments into core-mandated services to ensure safe, quality, and effective health care services can be delivered.

Examples of challenges the Region is facing that require financial investments are:

1. Implementing consistent workload standards to ensure safe, effective, and quality health care services can be delivered.
2. Ensuring currently provided services are effective and sustainable.
3. Addressing quality of service issues by implementing best practices.
4. Investing in critical capital infrastructure projects.
5. Meeting increasing service needs of the province's residents by implementing new initiatives like Patient Family Centered Care (PFCC).
6. Funding Inflationary cost pressures (e.g. drug costs, medical supplies, etc.).
7. Implementing and sustaining occupational health and safety and patient safety systems.
8. Enhancing capital equipment replacement.

The Cypress Health Region is committed to work together with the Ministry of Health and community partners to clearly identify and cost these challenges in attempts to achieve higher levels of financial sustainability.

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

Financial Statements For the Year Ending March 31, 2013

STARK & MARSH
CHARTERED ACCOUNTANTS, LLP

INDEPENDENT AUDITOR'S REPORT

To: The Directors of Cypress Regional Health Authority

We have audited the accompanying financial statements of Cypress Regional Health Authority, which comprise the statement of financial position as at March 31, 2013, and the statement of operations, statement of re-measurement gains and losses and statement of cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. Cypress Regional Health Authority's management is responsible for effective control related to the objectives described above. Our responsibility is to express an opinion on the effectiveness of control based on our audit.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion
The Cypress Regional Health Authority entered into a Co-ownership Agreement with the Ministry of Health to provide for co-ownership of a capital asset. The organization has recorded its share (23.4%) of the asset in accordance with proportionate consolidation as recommended in the CICA Handbook PS 3060 Government partnerships. However, we believe PS 3060 does not apply to the Co-ownership Agreement as the contractual arrangement is between the Ministry of Health and the Cypress Regional Health Authority, two entities within the same government reporting entity. This is contrary to PS 3060.06 which states that the contractual arrangement should be with a party outside of the government reporting entity. As a result, we believe a government partnership does not exist, and proportionate consolidation would not apply to the Co-ownership Agreement.

The capital asset should be recorded at 100% of the cost in the records of the Cypress Regional Health Authority and the portion funded by the Ministry of Health recognized as grant revenue in the year received or receivable. As of March 31, 2013, Cypress Regional Health Authority recorded a capital asset at 23.4% of its total cost to date. This error has resulted in an understatement of capital assets of the organization by $5.884M and an understatement of capital grants revenue by $5.884M. The asset is currently being constructed and the total projected cost of the project is estimated to be $45.3M upon completion.

Qualified Opinion
In our opinion, except as to the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Cypress Regional Health Authority as at March 31, 2013, and its financial performance for the year then ended in accordance with Public Sector Accounting Standards.

Stark & Marsh

Chartered Accountants, LLP

Swift Current, SK
June 26, 2013

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position
as to March 31, 2013

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total March 31, 2013	Total March 31, 2012 (Note 10)	Total April 1, 2011
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 2)	$ 22,260,250	$ 3,063,058	$ 1,304,428	$ 26,627,735	$ 29,707,665	$ 34,896,162
Accounts receivable						
Ministry of Health - general revenue fund	361,182	1,086,555		1,447,737	434,723	374,285
Other	976,181	1,096,879	15,000	2,088,060	658,469	552,571
Inventory	775,394			775,394	810,439	737,229
Prepaid expenses	212,203	-		212,203	534,272	288,569
Due from (community trust fund)	456,668	436,066	-	892,734	-	-
	25,041,878	5,682,558	1,319,428	32,043,865	32,145,569	36,848,817
Investments (Note 2,Schedule 2)	1,955,346	-		1,955,346	1,045,548	1,045,699
Capital assets (Note 3)		71,040,936		71,040,936	71,349,093	70,280,125
TOTAL ASSETS	$ 26,997,224	$ 76,723,494	$ 1,319,428	$ 105,040,146	$ 104,540,211	$ 108,174,641
LIABILITIES AND FUND BALANCES						
Current liabilities						
Accounts payable	$ 4,873,352	$ 1,273,380	$	$ 6,146,732	$ 5,502,644	$ 5,660,119
Accrued salaries	1,764,929			1,764,929	1,521,824	3,562,778
Vacation payable	7,608,660			7,608,660	6,649,131	6,510,632
Mortgage payable - current (Note 5)		179,621		179,621	170,025	160,978
Lease payable - current	-			-	-	53,639
Deferred revenue (Note 6)	3,277,811		-	3,277,811	2,710,277	4,003,995
Due to (operating/capital fund)		-	892,734	892,734	-	-
Accrued mortgage interest	-	9,540	-	9,540	10,312	11,068
	17,524,752	1,462,540	892,734	19,880,026	16,564,213	19,963,209
Long term liabilities						
Mortgages payable (Note 5)	-	1,710,994		1,710,994	1,890,917	2,061,000
Employee future benefits (note11)	3,404,300	-	-	3,404,300	3,490,200	3,586,300
TOTAL LIABILITIES	20,929,052	3,173,534	892,734	24,995,320	21,945,330	25,610,509
Fund Balances						
Investment in capital assets		68,790,573		68,790,573	68,954,057	67,993,440
Externally restricted (Schedule 3)		988,392	426,694	1,415,086	2,244,573	2,472,031
Internally restricted (Schedule 4)	-	3,770,995		3,770,995	7,765,546	11,098,989
Unrestricted (deficit)/surplus	6,068,172			6,068,172	3,630,704	999,672
TOTAL FUND BALANCES (Statement 2)	6,068,172	73,549,960	426,694	80,044,826	82,594,881	82,564,132
TOTAL LIABILITIES & FUND BALANCES	$ 26,997,224	$ 76,723,494	$ 1,319,428	$ 105,040,146	$ 104,540,211	$ 108,174,641

Commitments (Note 4)
Mortgages (Notes 5)
Pension Plan (Note 11)

Approved on behalf of the board of directors

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The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS

for the year ended March 31, 2013

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2013	Actual 2013	Actual 2012	Capital Fund 2013	Community Trust fund 2013	Total 2013	Total 2012
REVENUES	(Note 12)		(Note 10)				(Note 10)
Ministry of Health - general revenue fund	$ 110,547,219	$ 112,088,118	$ 114,286,243	$ 772,662	$	$ 772,662	$ -
Other provincial	497,027	457,481	377,162				57,480
Federal government	62,000	129,924	85,320				
Patient & client fees	7,638,500	7,771,146	7,755,704				
Out of province (reciprocal)	895,500	1,317,541	925,336				
Out of country	34,500	37,695	39,055	-		-	-
Donations	50,000	67,852	35,694	1,153,705	-	1,153,705	276,743
Investment	250,000	242,566	328,696	87,444	28,125	115,569	104,806
Recoveries	1,170,241	1,269,490	1,058,941	-	-	-	-
Other	123,301	530,333	263,029	734,908		734,908	25,286
TOTAL REVENUES	121,268,288	123,912,146	125,135,182	2,748,719	28,125	2,776,844	464,315
EXPENSES							
Inpatient & resident services							
Nursing administration	$ 3,686,223	$ 3,476,443	$ 3,579,449	$ -	$	$ -	$ -
Acute	16,568,620	17,282,967	15,657,507	1,640,976		1,640,976	1,664,398
Supportive	17,163,984	18,024,959	17,568,936	1,087,348	-	1,087,348	713,489
Integrated	8,803,047	9,287,976	9,012,820	391,507	42	391,549	389,956
Mental health & addictions	1,512,530	1,602,839	1,362,696	-	-	-	-
Total inpatient & resident services	**47,734,404**	**49,675,183**	**47,181,408**	**3,119,831**	**42**	**3,119,873**	**2,767,843**
Physician compensation	**13,218,422**	**13,699,929**	**12,259,734**	-		-	-
Ambulatory care services	**2,101,392**	**2,159,687**	**3,797,235**	**78,786**		78,786	**130,876**
Diagnostic & therapeutic services	**12,224,626**	**11,636,640**	**12,055,672**	**458,327**		458,327	**432,598**
Community health services							
Primary health care	1,830,909	1,782,630	1,711,426				
Home care	7,103,242	6,569,544	6,473,997				
Mental health & addictions	3,468,546	2,943,527	2,796,164				
Population health	2,743,492	2,858,729	2,757,001	-		-	-
Emergency response services	4,100,458	4,268,369	4,078,119	153,735		153,735	185,751
Other community services	1,315,696	1,295,634	1,420,918			-	-
Total community health services	**20,562,343**	**19,718,433**	**19,237,626**	**153,735**		**153,735**	**185,751**
Support services							
Program support	6,388,425	6,562,132	6,299,162	12,918		12,918	
Operational support	20,739,808	20,517,445	20,673,860				
Other support	2,437,718	1,517,690	619,533				
Employee future benefits	-	(85,900)	(96,100)				
Total support services	**29,565,951**	**28,511,367**	**27,496,455**	**12,918**		12,918	
Ancillary	**25,150**	**24,469**	**23,560**				
Total expenses (Schedule 1)	125,432,288	125,426,707	122,051,680	3,823,597	42	3,823,639	3,517,067
Excess (deficiency) of revenues over expenses	$ (4,164,000)	$ (1,513,561)	$ 3,083,502	$ (1,074,878)	$ 28,084	$ (1,046,794)	$ (3,052,752)

The accompanying notes and schdules are part of these consolidated financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF REMEASUREMENT GAINS AND LOSSES

for the year ended March 31, 2013

Statement 3

		2013
Accumulated remeasurement gains, beginning of year	$	
Unrealized gain (losses) attributed to:		
Investments (Note 2, Schedule 2)		10,301
Realized gains (losses), reclassifed to statement of operations:		
Investments (Note 2, Schedule 2)		
Designated fair value		
Equity instruments		-
Net remeasurement gains for the year		10,301
Accumulated remeasurement gains (losses), end of year	$	10,301

The accompanying notes and schedules are part of these consolidated financial statements.

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CHANGES IN FUND BALANCES

for the year ended March 31, 2013

Statement 4

2013	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	2013
Fund balance, beginning of year	$ 3,630,704	$ 77,665,197	$ 1,298,980	$	$ 82,594,881
Excess (deficiency) of revenues over expenses	(1,513,561)	(1,074,878)	28,084		(2,560,356)
Interfund transfers (Note 14)	3,940,728	(3,040,359)	(900,369)		(0)
Remeasurement gains (losses)	10,301				10,301
Fund balance, end of year	$ 6,068,172	$ 73,549,960	$ 426,694	$ -	$ 80,044,826

2012	Operating Fund	Capital Fund	Community Trust Fund	Total 2012
				(Restated note 22)
Fund balance, beginning of year	$ 999,672	$ 80,123,274	$ 1,441,186	$ 82,564,132
Excess (deficiency) of revenues over expenses	3,083,502	(3,078,953)	26,201	$ 30,750
Interfund transfers (note 14)	(452,469)	620,876	(168,407)	$
Fund balance, end of year	$ 3,630,704	$ 77,665,197	$ 1,298,980	$ 82,594,881

The accompanying notes and schdules are part of these consolidated financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

for the year ended March 31, 2013

Statement 5

	Operating Fund		Restricted Fund			
			Capital	Community	Total	Total
	2013	2012	Fund	Trust Fund	2013	2012
		(Note 10)				(Note 10)
ash provided by (used in):	**Operating Activities**		**Financing and investing activities**			
xcess of revenue over expenditure	$ (1,513,561)	$ 3,083,502	$ (1,074,878)	$ 28,084	$ (1,046,794)	$ (3,052,752)
et change in non-cash working capital (Note 7)	951,409	(4,285,361)	(1,606,277)	897,734	(708,543)	350,363
mortization of capital assets	-		3,218,561		3,218,561	3,252,055
vestment income on long-term investments	10,301		-			
oss on disposal of capital assets	-	-	70,800	-	-	-
	(551,851)	(1,201,859)	608,205	925,818	1,463,223	549,666
apital Activities						
Purchase of capital assets						
Buildings/construction			(1,322,928)		(1,322,928)	(2,814,101)
Equipment			(1,658,275)		(1,658,275)	(1,506,922)
Proceeds on disposal of capital assets						
Buildings						
Equipment	-	-	-	-	-	-
	-	-	(2,981,203)	-	(2,981,203)	(4,321,023)
vesting activities						
Purchase of long-term investments	(1,709,798)	151		800,000	800,000	-
	(1,709,798)	151	-	800,000	800,000	-
nancing activities:						
epayment of debt			(171,099)		(171,099)	(215,431)
et increase (decrease) in cash & short term investments during the ear	(2,261,649)	(1,201,708)	(2,544,098)	1,725,818	(889,079)	(3,986,788)
ash & short term investments, beginning of year	20,581,171	22,235,349	8,647,515	478,980	9,126,494	12,660,814
terfund transfers (Note 14)	3,940,728	(452,469)	(3,040,359)	(900,369)	(3,940,728)	452,469
ash and investments, end of year (Schedule 2)	$ 22,260,250	$ 20,581,171	$ 3,063,058	$ 1,304,428	$ 4,367,487	$ 9,126,495
mounts in cash balances						
Cash and short-term investments	$ 22,260,250	$ 20,581,171	$ 3,063,058	$ 1,304,428	$ 4,367,486	$ 9,126,495

he accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Cypress Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Cypress Health Region, under section 27 of The Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants (CICA). The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. As these are the RHA's first consolidated financial statements prepared in accordance with PSA standards, Section PS 2125, *First-time Adoption by Government Organizations,* has been applied. The RHA has also chosen to early adopt Section PS 3450, *Financial Instruments,* as further explained in Note 21.

The RHA's consolidated financial statements were previously prepared in accordance with Canadian generally accepted accounting principles (Canadian GAAP), as set forth in Part V of the CICA Handbook. The impact of the transition from Canadian GAAP to public sector accounting standards is described in Note 17.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate, is incorporated (and is a registered charity under the *Income Tax Act of Canada):*

Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

The affiliate is not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act.*

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.

These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from Ministry of Health General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a declining balance basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Employee Future Benefits

i) Pension plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) Measurement Uncertainty

These consolidated financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Consolidated Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Consolidated Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2013 (2012 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

j) Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

3. Capital Assets

	March 31, 2013			March 31, 2012
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,534,293	$	$ 1,534,293	$ 1,422,224
Land Improvements	1,046,054	752,028	294,026	286,029
Buildings	78,060,844	25,262,068	52,798,776	53,318,766
Equipment	41,057,735	27,763,938	13,293,797	13,236,044
Information systems	859,032	558,580	300,452	333,835
Vehicles	1,683,507	1,238,227	445,281	435,114
Construction in Progress	2,374,309	-	2,374,309	2,317,080
	$ 126,615,776	$ 55,574,840	$ 71,040,935	$ 71,349,093

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2013, contractual obligations for the acquisition of capital assets were $36,451,589 (2012-$95,285). Included in the contractual obligation is an amount for the construction of a new integrated facility in Maple Creek ($34,514,135). A co ownership agreement exists with the Ministry of health who will assume 76.60% of both the asset and the contractual obligation (2013 - $26,437,827).

b) Operating Leases

The minimum annual payments under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

c) Contracted Health Service Operators

The RHA continues to contract on an on-going basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2012. Note 9 b) provides supplementary information on Health Care Organizations.

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Oustanding 2013	2012
Cypress Lodge Nursing Home CMHC, due February 1, 2023	7.50%	$31,638 principal and interest	$ 221,968	$ 236,620
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest	370,395	385,352
Herbert Nursing Home CMHC, due February 1, 2020	4.52%	$55,947 principal and interest $15,952 is subsidized by SHC yielding an effective interest rate of 2%	332,042	372,171
Prairie View Health Centre CMHC, due June 1, 2022	4.17%	$26,370 principal and interest $9,333 is subsidized by SHC yielding an effective interest rate of 1%	202,396	220,018
Swift Current Care Centre CUCORP, due October 1, 2019 Renewal date - October 1, 2014	5.15%	$104,592 principal and interest	567,016	640,401
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	$25,484 principal and interest	196,798	206,380
			1,890,614	2,060,942
Less : Current Portion			179,621	170,025
			$ 1,710,994	$ 1,890,917

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2014	$ 179,621
2015	190,860
2016	201,672
2017	213,132
2018	225,279
2019 and subsequent	$ 880,051

6. Deferred Revenue

Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
Sask Health Initiatives				
Team facilitator	$ 41,254	$ 28,108	$	$ 13,146
Primary health care team - pharmacy	74,108			74,108
Primary care - Leader physicians	114,118	23,509		90,609
Primary care - Maple Creek physicians	48,454			48,454
Cultural awareness training	23,577	23,577		
Nursing safety training initiative	54,859			54,859
Nursing model expansion	46,424	46,424		
Nursing professional development	5,458	5,458		
Recruitment of IEN settlement	25,000			25,000
Quality workplace intitiative	10,000	7,500		2,500
Bursary program			11,500	11,500
Preoperative nurse training			14,310	14,310
Youth detox	66,496			66,496
New A&D initiative	15,439	3,807		11,632
Autism framework	232,800			232,800
Autism occupational therapist			70,000	70,000
Integrated case management training	4,677			4,677
Parent mentoring	16,000	792		15,208
Infection control funding	143,351	57,815		85,535
HPV admin funding	12,768	12,768		0
MMR immunization	21,174	8,840	5,460	17,794
Mumps administration	23,440	8,840		14,600
Safety training	72,535			72,535
Midwifery	52,472			52,472
Enhanced dental initiative	24,755		24,500	49,255
HIV strategy	16,000		16,000	32,000
Building a healthier Saskatchewan			25,000	25,000
Drug srategy conference			20,000	20,000
EMT enhancement pilot	44,000	26,000		18,000
CEC funding			375,000	375,000
IPFCC conference	5,992	5,992		
Physician recruitment	25,000			25,000
IHI collaborative	20,000	6,180		13,820
Surgical initiative	224,638	16,076		208,562
Radiology review	392,868			392,868
Ottawa model	17,298	17,298		
Leader facility planning	150,000			150,000
Cabri/Gull Lake physician	32,000	54,000	152,000	130,000
Total Sask Health	**$ 2,056,955**	**$ 352,982**	**$ 713,770**	**$ 2,417,743**

6. Deferred Revenue Continued

Non Sask Health Initiatives				
ABI program funding	$ 31,218	$ 11,437	$	$ 19,781
1st Step funding	814	814		
Abbott nutrition services education	3,000	-		3,000
Donations	228,919		25,427	254,345
Lean funding	127,174			127,174
Mental health conference	9,450			9,450
Regina Qu'Appelle - autism funding	80,000		40,000	120,000
Regina Qu'Appelle - primary care Redesign			168,597	168,597
SAHO - dental initiative	26,206	19,540		6,667
SAHO - gateway phase two			30,000	30,000
Sanofi Aventis - CDM funding	9,067	9,067		
SUN partnership funding	97,621	17,324		80,298
U of S pharmacy initiative	25,000	-	6,000	31,000
Food security program	14,853	5,097	-	9,756
Total Other	**$ 653,322**	**$ 63,278**	**$ 270,024**	**$ 860,068**
Total Deferred Revenue 2013	**$ 2,710,277**	**$ 416,260**	**$ 983,794**	**$ 3,277,811**

6. Deferred Revenue Continued

Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
SASK HEALTH INITIATIVES				
Team facilitator	$ 68,948	$ 27,694	$	$ 41,254
RNNP Leader project	69,291	69,291		
Primary Care Team - pharmacy	48,947	14,839	40,000	74,108
Primary Care - Leader physicians	156,287	42,169		114,118
Primary Care - Maple CreekpPhysicians	48,454			48,454
Quality workplace	10,000			10,000
Cultural awareness training	18,577		5,000	23,577
Nursing safety training initiative	54,859			54,859
Nursing model expansion	46,424			46,424
Advanced cardiac life training	4,768	4,768		
Nursing professional development	5,458			5,458
Recruitment of IEN settlement	25,000			25,000
Youth detox	66,496			66,496
A&D initiative	15,439			15,439
Parent mentoring	16,000			16,000
Get fit be fit	4,646	4,646		
HPV administration	12,768			12,768
MMR immunization	21,174			21,174
MUMPS administration	11,700		11,740	23,440
Safety training	72,535			72,535
Integrated case management training	4,677			4,677
Midwifery	76,767	24,295		52,472
Autism framework	150,000		82,800	232,800
Infection control funding	94,408		48,943	143,351
Enhanced dental initiative			24,755	24,755
HIV strategy			16,000	16,000
Paramedica act changes	21,000	21,000		
Physician recruitment	25,000			25,000
EMT enhancement pilot	84,000	40,000		44,000
IPCC conference	5,992			5,992
IHI collaborative	20,000			20,000
Surgical initiaitive	790,020	565,382		224,638
Radiology review	1,294,525	901,656		392,869
Ottawa model			17,298	17,298
Leader facility planning			150,000	150,000
Cabri/Gull Lake physicians			32,000	32,000
Total Sask Health	**$ 3,344,159**	**$ 1,715,740**	**$ 428,536**	**$ 2,056,955**

Non Sask Health Initiatives				
ABI program funding	$ 23,778	$	$ 7,440	$ 31,218
1st Step	814			814
Abbott nutrition services education	3,000			3,000
Donations	197,807		31,112	228,919
LEAN funding	165,554	38,380		127,174
Mental health conference	9,450			9,450
Regina Qu'Appelle - autism funding	40,000		40,000	80,000
SAHO dental initiative			26,206	26,206
Food security program			14,853	14,853
Sanofi Aventis - CDM funding	27,207	76,940	58,800	9,067
Seniors safety expo	1,834	1,834		
SUN partnership	175,393	77,772		97,621
U. of S. pharmacy initiative	15,000	-	10,000	25,000
Total Non Sask Health	**$ 659,836**	**$ 194,926**	**$ 188,411**	**$ 653,322**
Total Deferred Revenue 2012	**$ 4,003,995**	**$ 1,910,666**	**$ 616,948**	**$ 2,710,277**

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2013	2012	Capital Fund	Community Trust Fund	Total 2013	Total 2012
(Increase) Decrease in accounts receivable	$ (327,796)	$ (192,919)	$ (2,119,809)	$ 5,000	$ (2,114,809)	$ 26,582
(Increase) Decrease in inventory	35,045	(73,210)				
(Increase) Decrease in prepaid expenses	322,069	(245,703)				
Decrease in other current assets	(456,668)		(436,066)	892,734	456,668	
(Decrease) in accounts payable	(305,510)	(481,257)	949,598		949,598	323,782
Increase in accrued salaries	243,106	(2,040,954)				
Increase in vacation payable	959,529	138,499				
Increase (Decrease) in deferred revenue	567,534	(1,293,718)				
(Decrease) in employee future benefits	(85,900)	(96,100)				-
	$ 951,409	$ (4,285,361)	$ (1,606,277)	$ 897,734	$ (708,543)	$ 350,364

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2013, was $24,326 (2012- $32,130). These amounts are reflected in the financial statements.

9. Related Parties

These consolidated financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown
enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Minister of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2013	2012
Revenues		
Health Quality Council	$ 102,348	$ 43,714
Saskatchewan Association of Health Organizations	30,000	80,100
Saskatchewan Government Insurance	142,315	131,428
Worker's Compensation Board (Saskatchewan)	334,956	226,595
Related Party Revenues	$ 609,619	$ 481,837
Expenditures		
eHealth (formerly SHIN)	$ 171,706	$ 199,699
Minister of Finance	139,141	145,158
Ministry of Government Services	719,070	742,199
Public Employees Pension Plan	172,832	188,407
Regina Qu'appelle Health Region	1,049,612	879,713
Saskatchewan Association of Health Organizations	3,485,653	3,423,618
Saskatchewan Health Employees Pension Plan	5,014,763	4,961,038
SaskEnergy Incorporated	423,732	579,902
Saskatchewan Power Corporation	771,435	758,852
Saskatchewan Telecommunications Holding Corporation	416,168	423,204
Saskatchewan Government Insurance	21,212	20,860
Saskatoon Health Region	50,820	
Worker's Compensation Board (Saskatchewan)	994,447	976,585
Related Party Expenditures	$ 13,430,591	$ 13,299,235
Accounts Payable		
eHealth (formerly SHIN)	$	$ 27,300
Minister of Finance	23,358	9,508
Ministry of Government Services	35,400	43,632
Public Employees Pension Plan	7,319	
Regina Qu'appelle Health Region	333,886	198,600
Saskatchewan Association of Health Organizations	337,985	303,214
Saskatchewan Health Employees Pension Plan	390,734	396,633
SaskEnergy Incorporated	59,784	68,458
Saskatchewan Power Corporation	59,971	59,137
Saskatchewan Telecommunications Holding Corporation	37,502	35,397
Worker's Compensation Board (Saskatchewan)	97,488	103,207
Related Party Payable	$ 1,383,427	$ 1,245,086

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2013	2012
McKerracher Support Services Inc	$ 133,338	$ 127,433
Canadian Mental Health Association	139,838	137,528
Gull Lake Ambulance	213,321	214,035
Ponteix Ambulance	255,183	250,666
Val Marie Ambulance	148,717	141,393
Frontier Ambulance	205,239	199,345
Swift Current Ambulance	1,044,403	1,037,324
	$ 2,140,039	$ 2,107,724

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by a privately owned affiliate. The Act requires the affiliate to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over the affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administration function with the affiliate.

The following presentation discloses the amount of funds granted to the affiliate:

	2013	2012
Foyer St. Joseph Nursing Home		
- Operating grant	$ 1,765,276	$ 1,732,491
- Capital grant	84,249	-
Total funding	$ 1,849,525	$ 1,732,491

Ministry of Health requires additional reporting in the following audited financial summaries of the affiliate entities for the years ended March 31, 2013 and 2012.

	Total 2013 (audited)	Total 2012 (audited)
Balance Sheet		
Assets	$ 1,170,582	$ 1,019,160
Net Capital Assets	466,239	414,927
Total Assets	$ 1,636,821	$ 1,434,087
Total Liabilities	$ 204,223	$ 164,506
Total Net Assets (Fund Balances)	1,432,598	1,269,581
Total Liabilities & Fund Balances	$ 1,636,821	$ 1,434,087
Results of Operations		
RHA Grant	$ 1,850,593	$ 1,732,491
Other Revenues	478,742	463,176
Total Revenue	2,329,335	2,195,667
Salaries & Benefits	1,942,646	1,879,027
Other Expenses	279,269	273,553
Total Expenses	$ 2,221,915	$ 2,152,580
Excess Revenue over Expenses	$ 107,420	$ 43,087
Cash Flows		
Cash from Operations	$ 129,778	$ 12,496
Cash used in Financing Activities	(105,440)	(57,652)
Cash provided by (used in) Investing Activities	404,056	95,860
Increase/(Decrease) in Cash	$ 428,394	$ 50,704

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. The Foundation provided the RHA with $1,024,895 (2012 - $138,046)

10. Comparative Information

Certain 2012-13 balances have been reclassified to conform to the current year's presentation.

11. Employee future benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required contributions to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2013				2012
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	1,381		16	1,397	1,373
Member contribution rate, percentage of salary	7.20 - 9.60%		5.00 - 7.00%		
RHA contribution rate, percentage of salary	8.064 - 10.75%		5.00 - 7.00%		
Member contributions	4,822,128		92,479	4,914,608	4,877,289
RHA contributions	5,400,775		92,479	5,493,254	5,451,172

*Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leaves of absence as of March 31, 2013. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and directly managed by them.

b) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

	2013	2012
Discount rate	2.50%	2.75%
Rate of inflation		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over		
0.0% per annum, plus 2.0% per annum for SUN members at 20 years or service		

	2013	2012
Accrued benefit obligation, beginning of year	$ 3,490,200	$ 3,586,300
Cost for the year	473,800	458,100
Benefits paid during the year	(559,700)	(554,200)
Accrued benefit obligation, end of year	$ 3,404,300	$ 3,490,200

12. Budget

The RHA Board approved the 2012-13 budget plan on May 23, 2012.

13. Financial Instruments

a) Significant terms and conditions:
There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management:
The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk:
The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

	2013	2012
Cash and short-term investments	$ 26,633,764	$ 29,707,665
Accounts receivable		
Ministry of Health - General Revenue Fund	1,447,737	434,723
Other	2,088,060	658,469
Investments	1,955,346	1,045,548
	$ 32,124,907	$ 31,846,405

d) Market Risk:
Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates
and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2013 and 2012 have fixed interest rates. Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, the interest rates on the investments held by the RHA bare minimal risk and therefore the overall risk to the health region due to fluctuating interest rates is minimal.

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of $26,182,948 (2012 - $27,667,612).

f) Fair value:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
    - accounts receivable
    - accounts payable
    - accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market values.

- The fair value of mortgages payable and long-term debt before the repayment required within one year is $1,919,644 (2012 - $2,100,266) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs. There were no items measured at fair value using level 3 in 2012 or 2013.

There were no items transferred between levels in 2012 or 2013.

	2013			2012		
	Level1	Level 2	Total	Level1	Level 2	Total
Investments	$ 2,406,163	$ -	$ 2,406,163	$ 3,085,602	$ -	$ 3,085,602
Mortgage payable	$ 1,890,615	$ -	$ 1,890,615	$ 2,060,942	$ -	$ 2,060,942

d) Short-term Borrowing/Operating Line-of-credit
The RHA has a line-of-credit limit of $1,000,000 (2012 $1,000,000) with an interest charged at prime less 1/2%, which is re-negotiated annually. The line-of-credit is secured by RHA assets. Total interest paid on the line-of-credit in 2013 was $ nil (2012 - $ nil). This line-of-credit was approved by the Ministry.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2013			2012		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$	$	$ (5,610)	$ 5,610	$
Capital asset purchases	(153,799)	1,051,168	(897,369)	(446,859)	615,266	(168,407)
Other	4,094,527	(4,091,527)	(3,000)	-	-	-
	$ 3,940,728	$ (3,040,359)	$ (900,369)	$ (452,469)	$ 620,876	$ (168,407)

The inter-fund transfer in 2013 of $4,164,000 from the capital fund to the operating fund was a result of a ministerial directive. The Ministry released the restriction on the capital funding for the Maple Creek project in order to offset a $4,164,000 reduction in the Region's operating funding.

15. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $426,694 (2012 - $1,298,980) under these agreements.

Following is the status of the trust funds at March 31, 2013:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered.

16. Pay for Performance:

Effective April 1, 2011, a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2013, lump sum performance adjustments relating to 2012-13 have not been determined as information required to assess senior employee performance is not yet available.

17. Transition to public sector accounting standards

Adoption of public sector accounting framework

As stated in Note 2, these are the RHA's first consolidated financial statements prepared in accordance with Canadian public sector accounting standards. The accounting policies set out in Note 2 have been applied consistently in preparing the consolidated financial statements for the year ended March 31, 2013, the comparative information presented in these consolidated financial statements and the opening statement of financial position as at April 1, 2011 (the RHAs date of transition to public sector accounting standards).

a) Financial instruments

Effective April 1, 2012 the RHA adopted the PSA standards for *Financial Instruments* (PSA Handbook Section PS 3450). Section PS 3450 establishes standards on how to account for and report all types of financial instruments, including derivatives. Section PS 3450 has been applied prospectively, in accordance with the transitional provisions of the Section.

Upon adoption of Section PS 3450 the RHA was required to assign its financial instruments to one of two measurement categories: fair value; or cost or amortized cost. Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. The RHA's other financial assets and financial liabilities are measured at cost or amortized cost. Carrying amounts are in each instance disclosed in the Statement of Financial Position.

The adoption of Section PS 3450 had no impact on the recognition and measurement of financial instruments reported in these consolidated financial statements. There were additional items related to presentation and disclosure of financial instruments that have been added to Note 13 as a result of the adoption of this standard.

b) Employee future benefits

The RHA made an adjustment to the 2011 consolidated financial statements with respect to the accounting for employee future benefits. Specifically, this adjustment related to accounting policy differences under public sector accounting standards with respect to the determination of the obligation for accumulated sick leave.

In aggregate, the resulting increase to the liability for employee future benefits at April 1, 2011 was $3,586,300. Employee future benefit expense for the year ended March 31, 2012 decreased by $96,100.

The impact of these restatements on the comparative figure is as follows:

Summary of adjustments

c) Fund balances:

The following table summarizes the impact of the transition to PSA standards on the RHA's fund balances as of April 1, 2011

Fund balances as at April 1, 2011:		
Fund balances, as previously reported	$	86,150,432
Adjustment to employee future benefits liability	$	(3,586,300)
Fund balances, as currently reported	$	82,564,132
Fund balances as at March 31, 2012:		
Fund balances, as previously reported	$	86,085,081
Adjustment to employee future benefits liability	$	(3,490,200)
Fund balances, as currently reported	$	82,594,881

d) Excess (deficiency) or revenues over expenses:

As a result of the retrospective application of PSA standards, the RHA recorded the following adjustment to excess (deficiency) of revenues over expenses for the year ended Mar 31, 2012:

Excess (deficiency) of revenues over expenses for the year ended March 31, 2012:		
Excess (deficiency) of revenues over expenses, as previously reported	$	2,987,402
Adjustment to employee future benefits expense	$	96,100
Excess (deficiency) of revenues over expenses, as currently reported	$	3,083,502

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

Schedule 1

for the year ended March 31, 2013

	Budget 2013	Actual 2013	Actual 2012
Operating:			
Advertising & public relations	$ 61,651	$ 29,505	$ 66,057
Board costs	105,000	108,684	117,992
Compensation - benefits	13,961,878	13,938,707	13,630,760
Compensation - salaries	74,910,021	74,419,850	71,888,358
Compensation - employee future benefits		(85,900)	(96,100)
Continuing education fees & materials	283,872	274,995	173,923
Contracted-out services - other	1,891,585	2,010,316	1,657,829
Diagnostic imaging supplies	81,100	62,478	73,944
Dietary supplies	66,250	33,146	33,166
Drugs	1,181,370	1,056,586	1,194,892
Food	1,919,506	1,919,730	1,972,425
Grants to ambulance services	1,887,599	1,866,863	1,758,275
Grants to health care organizations & affiliates	2,029,015	2,034,477	1,997,452
Housekeeping & laundry supplies	725,108	775,217	760,870
Information technology contracts	606,826	575,642	542,921
Insurance	299,500	261,577	261,155
Interest	15,500	12,622	14,146
Laboratory supplies	1,248,950	1,201,318	1,189,081
Medical & surgical supplies	2,557,180	2,577,195	2,559,457
Medical remuneration & benefits	12,422,177	12,787,640	11,607,390
Meetings			
Office supplies & other office costs	1,125,812	983,109	1,040,624
Other	427,008	723,197	1,048,439
Professional fees	758,712	752,499	822,598
Prosthetics	372,000	402,849	369,689
Purchased salaries		284,680	184,319
Rent/lease/purchase costs	650,122	868,284	1,379,364
Repairs & maintenance	2,317,247	2,286,986	2,556,138
Supplies - Other	262,376	208,131	231,583
Therapeutic supplies			
Travel	1,353,202	1,349,198	1,192,662
Utilities	1,911,721	1,706,125	1,822,269
Total Operating Expenses	$ 125,432,288	$ 125,425,707	$ 122,051,680
Restricted:			
Amortization		$ 3,218,561	$ 3,252,055
Loss/(Gain) on disposal of fixed assets		70,800	
Mortgage interest expense		117,682	126,990
Other		416,597	138,022
		$ 3,823,639	$ 3,517,067

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF CONSOLIDATED INVESTMENTS

as at March 31, 2013

Schedule 2

	Fair Value	Maturity	Effective Rate
Restricted Investments			
Cash and Short Term			
Chequing and Savings :			
Concentra	$ 3,063,058		
Royal Bank (Shaunavon)	83,379		
Sandhills Credit Union (Leader)	59,623		
Credit Union (Eastend)	7,754		
Royal Bank (Climax)	26,084		
Cypress Credit Union (Maple Creek)	892,734		
CIBC (Mankota)	47,595		
	$ 4,180,227		
Short Term Investments:			
Eastend Credit Union	$ 144,000	11/12/2013	1.15%
CIBC (Mankota)	42,922	6/11/2013	1.30%
Various Membership Equities	337		
	$ 187,259		
Total Cash & Short Term Investments	$ 4,367,486		
Total Restricted Investments	**$ 4,367,486**		
Unrestricted Investments			
Cash and short term			
Chequing and Savings :			
Concentra	$ 21,986,563		
Petty Cash	7,860		
Petty Cash (Trust)	1,250		
RBC Dominion Securities	1,018		
BMO Nesbitt Burns	1		
	$ 21,996,692		
Short Term Investments			
Home Trust Company GIC	100,000	12/27/2013	1.65%
AGF Trust Company GIC	100,000	12/28/2013	1.45%
Canadian Western Bank GIC	63,558	12/29/2013	1.45%
	$ 263,558		
Total Cash & Short Term Investments	$ 22,260,250		
Long Term			
Canada Savings Bond	$ 45,091	01/11/2016	0.50%
Canada Savings Bond	200,403	10/31/2017	0.50%
B2B Trust GIC	100,593	12/12/2014	1.95%
Bank of Nova Scotia GIC	100,532	12/12/2014	1.75%
Cdn Western Bank GIC	100,593	12/12/2014	1.95%
Laurentian Bank GIC	100,593	12/12/2014	1.95%
LBC Trust GIC	100,593	12/12/2014	1.95%
Montreal Trust CDA GIC	100,532	12/12/2014	1.75%
Pacific & Western GIC	100,563	12/12/2014	1.85%
Royal Trust Corp GIC	100,532	8/12/2014	1.75%
AGF Trust GIC	100,593	8/12/2014	1.95%
Equitable Trust GIC	100,654	8/12/2014	2.15%
Homequity Bank GIC	100,578	8/12/2014	1.90%
Home Trust Company GIC	100,654	8/12/2014	2.15%
ING Bank of Canada GIC	100,563	8/12/2014	1.85%
Manulife Bank GIC	100,532	8/12/2014	1.75%
Manulife Trust GIC	100,532	8/12/2014	1.75%
Peoples Trust GIC	100,578	8/12/2014	1.90%
Resmor Trust Company GIC	100,593	8/12/2014	1.95%
Various Membership Equities	45		
Total Long Term Investments	$ 1,955,346		
Total Unrestricted Investments	**$ 24,215,595**		
Total Investments	**$ 28,583,081**		

Restricted & Unrestricted Totals	
Total Cash & Short Term	$ 26,627,735
Total Long Term	1,955,346
Total Investments	**$ 28,583,081**

Restricted Investments consist:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/o Saskatchewan Housing Corporation (an agency of the Ministry of Social Services)(SHC) are held in the Capital Fund (Schedule
- Donations and internally restricted reserves

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF EXTERNALLY RESTRICTED FUNDS

for the year ended March 31, 2013

Schedule 3

CAPITAL FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations	$ 945,593	$	$ 209,293	$ (166,495)	$	$ 988,392
Total Capital Fund	**$ 945,593**	**$ -**	**$ 209,293**	**$ (166,495)**	**$ -**	**$ 988,392**

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance, beginning of year	Investment & Other Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Maple Creek - Hospital	$ 669,803	$ 19,651	$	$	$	$ 689,454
Maple Creek - Cypress Lodge	199,724	3,556				203,280
Shaunavon Hospital & Care Centre	82,513	871		(4)		83,379
Eastend Wolf Willow Health Centre	154,831	1,895			(4,635)	152,090
Prairie View Health Centre (Mankota)	87,046	1,505	5,000	(34)	(3,000)	90,517
Leader Hospital	51,461	375		-	-	51,836
Border Health Centre	25,816	272		(4)		26,084
Western Senior Citizens Home	7,787					7,787
Mankota Trust Loan	20,000				(5,000)	15,000
Total Community Trust Fund	**$ 1,298,980**	**$ 28,125**	**$ 5,000**	**$ (42)**	**$ (12,635)**	**$ 1,319,428**
Total Externally Restricted Funds	**$ 2,244,573**	**$ 28,125**	**$ 214,293**	**$ (166,536)**	**$ (12,635)**	**$ 2,307,820**

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES

for the year ended March 31, 2013

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of of year
SHC Replacement Reserves						
Cypress Lodge	$ 116,023	$ 832	$	$	$ (2,355)	$ 114,500
Gull Lake Special Care Centre	96,020	688			(708)	96,001
Herbert Nursing Home	78,455	562	10,234			89,251
Western Senior Citizen Home	80,999	581	-		(5,140)	76,440
Total SHC	$ 371,497	$ 2,663	$ 10,234	$	$ (8,203)	$ 376,191
Other Internally Restricted Funds						
Saskatchewan Health Restricted						
SHIN Capital Fund	185,227			(12,918)		172,309
Infastructure Funding Fiscal 2008-09	1,707,829			(574,968)		1,132,861
Maple Creek Facility funding	3,987,359	29,475		(2,623,571)		1,393,263
Swift Current Long Term Care Planning	29,252			(29,252)		
Cypress Regional Hospital	400,000			(55,375)		344,625
Capital Funding Fiscal 2009-10	29,686			(6,462)		23,224
Leader Facility Funding	13,487					13,487
Capital Funding Fiscal 2010-11	180,060			(169,834)		10,225
Infastructure Funding Fiscal 2010-11	696,955			(524,284)		172,672
Surgical Capital Funding Fiscal 2010-11	113,851			(36,264)		77,586
Surgical Capital Funding Fiscal 2012-13			4,207			4,207
Region restricted						
Eastend Wolf Willow Health Centre	50,343	-	-	-	-	50,343
Total Internally Restricted Funds	$ 7,765,546	$ 32,138	$ 14,441	$ (4,032,927)	$ (8,203)	$ 3,770,995

CYPRESS REGIONAL HEALTH AUTHORITY

BOARD MEMBER REMUNERATION

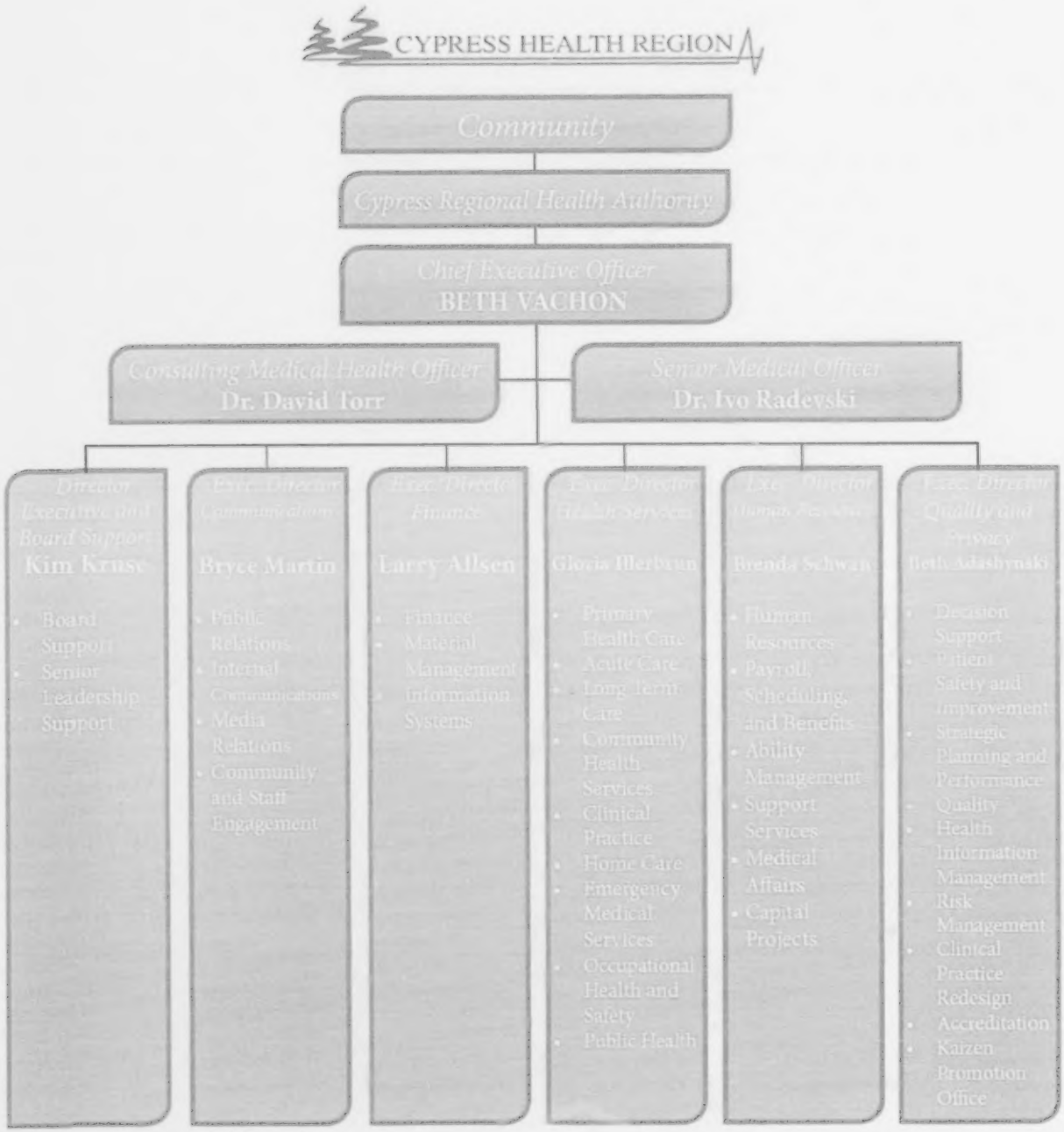
Schedule 5

for the year ended March 31, 2013

	2013							2012
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Bragg, Tyler	$ 9,960	$ 23,147	$ 6,011	$ 6,293	$	$ 1,699	$ 47,110	$ 36,450
Busby, Pamela		4,788	1,876	3,356		263	10,282	11,253
Duncan, Donald							-	1,741
Heeg, Ronald		4,601	909	732			6,242	7,347
Lewis, Donald		3,500	1,493	2,622		182	7,798	8,774
Quintn, Lyle		3,350	350	76		117	3,893	5,411
Smith, Judy		3,500	1,489	2,936		200	8,125	13,512
Stephens, Larry		4,275	350	622		162	5,410	8,048
Undseth, rhonda		2,225	657	966		103	3,951	-
Whiteside, Brian		1,525		259		36	1,820	5,923
Wilson, Terry	-	3,375	370	-		139	3,884	5,023
Total	$ 9,960	$ 54,285	$ 13,505	$ 17,864	$	$ 2,901	$ 98,514	$ 103,480

Appendix A - Organizational Chart 2013

Organization Chart



**As of March 31, 2013*

Appendix B - Payee List 2013

Payee Disclosure Lists

As part of their commitment to accountability and transparency, the Ministry of Health and the Cypress Health Region disclose payments by payee for the 2012-13 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees (individuals, affiliates, and other organizations) requiring disclosure and for the 2012-13 fiscal year the minimum threshold has been maintained at $50,000.

The *Payee Disclosure Lists* include payments for the following categories, with information to be included as follows:

- *Personal Services* – stated amounts include all payments made to individuals throughout the fiscal year and ***are not restricted to base salary payments***. Payments to individuals who are unionized or non-unionized employees and contracts where an 'employee/employer' relationship has been established are included in this list. The recorded amounts include regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, any other direct cash remuneration including sick leave, vacation, short-term disability, and differentials which total $50,000 or more.
    - Contracts – the total amount paid (over the threshold) if an 'employee/employer' relationship exists. If the relationship does not exist and the payment is over the minimum threshold, the amount is reported as a 'Supplier Payment'.
- *Supplier Payments* – payees who received $50,000 or more for the provision of goods and/or services, including supplies, contracts, and equipment; contracts over the minimum threshold of contacts where an 'employer/employee' relationship does not exist.
- *Transfers* – listed, by program, transfers to recipients who received $50,000 or more for program grants, funding, foundations, donations, sponsorships, and Health Care Organizations.

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

ABDI	MARIAN	83,886
ACHTER	ANGIE	53,395
ACHTER	CANDLLE	90,804
ADAMSKA	TERESA	97,147
ADASHYNSKI	BETH	138,340
ADDAI	MATILDA	90,198
ADDAI	STEPHAN	452,386
ADWEDAA	EBENEZER	470,938
AHMODU	OLORUNFEMI	397,657
ALDAG	MARLENE	112,908
ALLEN	ASHLEY	52,974
ALLSEN	LARRY	182,733
ALTWASSER	DARCY	51,090
AMAN	RALPH	90,888
AMU-DARKO	KOFI	217,053
AMUNDSON	SIBRENA	59,570
AN	JI HOON	85,825
ANDERSON	AMANDA	65,560
ANDERSON	IRENE	70,440
ANDERSON	MARY	93,370
ANDREAS	DAPHNE	113,721
ANDREWS	BRITNY	74,293
ANTON	WANDA	51,636
APPLEBY	CHERI LYN	56,022
ARMSTRONG	SHANNON	111,263
ARNOLD	CORINNE	94,426
ARWINI	MOHAMAD	555,145
ASHTEKAR	VEEJAY	434,807
BAAN	SUZANNE	51,224

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

BAIN	GORDON	56,974
BANKS	MALCOLM	80,523
BANMAN	LEANNE	75,664
BARKER	BETTY	59,169
BARRETTO	IGNACIO	263,565
BAUCK	DEZIREE	80,340
BAZIN	JILLANE	57,228
BEN ISSA	ENTISAR	68,115
BENSON	ALLISON	81,109
BERG	KAREN	51,760
BIDWELL	TELEAH	75,208
BILANSKI	ERNA	79,332
BISCHOFF	PAMELA	100,077
BISSONNETTE	DEBORAH	85,051
BITZ	DONNA	70,927
BLAKE	CANDACE	125,296
BOLDING	LAUREEN	50,845
BOLLMAN	JULIE	90,976
BOLTON	ERIN	85,442
BOOTH	DWIGHT	109,978
BORUCH	SHEILA	55,952
BOSSE	CHARLOTTE	52,333
BOURLON	ARMANDE	66,496
BOUTILIER	BRADLEY	77,531
BRAATEN	DAWN	61,501
BRABENDER	BEATRICE	88,484
BRADLEY	RHONDA	69,070
BRAUN	KAREN	66,322
BREHM	KAREN	121,112

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

BRIDAL	LINDA	78,276
BRIERE	CLAUDE	63,113
BRIGGS	LEAH	82,328
BROKS	DIANE	58,430
BROWN	LANA	102,926
BROWN	LEANNE	69,897
BROWN	PATRICIA	84,342
BROWNE	GRANT	100,087
BRYNGELSON	CHERYL	77,081
BUCHA	UMA	59,327
BUCKINGHAM	EMILY	58,702
BURNETT	WANDA	59,988
BURTON	SUSAN	79,567
BURTON	VALERIE	66,109
BYKER	LEONARD	166,605
BYMOEN	CRAIG	53,270
CAISSIE	WENDY	76,562
CALOW	MICHELLE	116,813
CAMERON	KATHERINE	106,642
CAMMER	NOREEN	62,109
CAPPELLE	LYRIS	87,272
CARLETON	FAUNA	51,967
CARLETON	GLENDA	62,160
CARLETON	MYRA	99,264
CARR	GLADYS	50,677
CASHIN	RICHARD	108,093
CAVE	MILA	57,370
CEDERHOLM	SUSAN	102,092
CHIKOPELA	ROSTINA	104,486

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

CHISHOLM	DONNA	52,985
CHISHOLM	JOHN	79,094
CHISHOLM	MARGARET	58,372
CLARK	GAIL	55,289
COCHRANE	IDA	66,326
COLE	HEATHER	67,327
CONEYS	DAVID	69,007
CONNOLLY	LAURA	67,523
COOPER	ASHLEY	76,885
CORBIN	MICHAEL	70,042
COREY	CRYSTAL	75,358
COULTER	TERRY	98,754
COULTER	VALERIE	100,067
CREIGHTON	JOYCE	97,856
CROCKETT	SHARON	51,179
CRONAN	CARLA	79,387
CROZIER	SHELLY	50,693
CUI	KEJUN	76,596
CUNNINGHAM	GAIL	81,815
CUPPLES	LYNN	50,499
DAWSON-BRIERE	SHELLEY	101,884
DE KLERK	HEIN	238,999
DE NYSSCHEN	FAUNA	54,000
DEG	ARLENE	57,808
DEKOWNY	PATRICIA	69,450
DEMPSEY	CHRISTINE	77,731
DEMPSEY	SHEILA	95,254
DENESOVYCH	CONSTANCE	53,302
DEOBALD	MARLENE	81,514

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

DERKSEN	KATHY	60,599
DESHAIES	MARIE	100,484
DRUMMOND	CINDY	116,045
DU TOIT	STEFAN	126,927
DUECK	BARRY	70,056
DUECK	BONITA	50,000
DUECK	BRENDA	76,604
DUNCAN	TAMMY	107,213
DUNN	GREGORY	126,488
DYCK	CAROL	93,479
DYCK	DAWN	72,252
DYCK	LARRY	62,319
DYCK	LORIE	82,186
DYCK	NANCY	50,383
DYCK	RYAN	75,516
DYCK	SHANTEL	56,446
EBNER	STEPHANIE	57,271
EDDY	CAROL	99,693
EIDSNESS	RUTH	108,303
ELSASSER	RAYLENE	112,817
EMPEY	BONNIE	94,331
ENTEM	CATHERINE	60,437
EPP	MARY	52,966
ERDAHL	KRISTY	60,758
ERIKSON	LEE	108,130
EVANS	CHRISTINE	59,922
EVENSON	BONNIE	77,004
EWEN	CLAYTON	61,775
FAKHIR	SHAMSUDDIN	455,574

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

FALK	ALYSHA	51,274
FANIPOUR	MAJID	120,127
FEHR	HELEN	132,212
FEHR	MARGARET	100,215
FEIL	ROXANNE	52,631
FENSOM	BENJAMIN	57,881
FENSOM	LINDSAY	74,957
FESCHUK	MELANIE	105,669
FINLAY	LAURIE	65,786
FLATERUD	FLORENCE	83,439
FLEURY	BRENDA	116,063
FLEURY	DEAN	93,681
FLYNN	PENNY	68,699
FORTMAN	SANDRA	72,077
FOSSUM	EILEEN	90,804
FREDERICK	SHANNON	67,755
FRIESEN	MARGARET	90,911
FRIESEN	YVETTE	73,173
FRITZ	BONNIE	86,585
FROEHLICH	CINDY	67,551
FROYMAN	DEBRA	68,026
FRY	JULIA	71,648
GALBRAITH	SHANNON	90,692
GARDNER	TERRY	56,765
GARIES	ELAINE	70,387
GARIES	JOHN	91,204
GARRECHT	JEANETTE	60,870
GARRETT	MICHELE	69,035
GATES	GLENDA	103,747

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

GATES	JILL	68,075
GATZKE	JASON	203,219
GHORI	AQEEL	64,761
GIESBRECHT	ANGELA	80,741
GIESBRECHT	BRADFORD	77,502
GIESBRECHT	JESSICA	63,032
GILL	JASILDAR	270,902
GILLANDERS BELL	TARA	93,632
GILLIES	INES	56,586
GINTER	LAURA	74,389
GIRRIOR	CHELSEA	62,991
GLYDON	ORLA	96,569
GODDARD	SUSANNE	76,535
GOLD	KARLA	87,983
GOLDEN	BARBARA	94,011
GORDON	MARIANNE	91,806
GOUDY LODOEN	LAURA	123,186
GOVENDER	RAJAN	360,176
GRAHAM	MEAGAN	55,843
GRAND	KAREN	81,014
GRANT	GREGORY	114,422
GRANT	JANELL	106,820
GREEN	STEPHANIE	115,839
GROVES	BRENDA	109,279
GUILLEMETTE	DANIEL	70,793
HAIDT	NICOLETTE	68,958
HALDERMAN	PEOTTA	90,862
HALL	TRISHA	71,107
HALVORSON	CINDY	72,568

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

HAMILTON	KATRINA	51,258
HAMM	BONNY	90,207
HAMM	DONNA	88,193
HANNA	SHANNON	71,865
HANSEN	JESSIE	86,720
HANSON	FERN	94,235
HARDER	MYRNA	62,980
HARDY	TRICIA	92,104
HARLE	ROBIN	77,569
HARLICK	SANDRA	90,654
HARRIS	GORDON	67,586
HARRISON	SARAH	115,293
HARRISON	YOLANDA	73,717
HART	SHELLY	76,116
HAUBRICH	YVONNE	85,686
HAWKINS	KRISTIN	90,896
HEINRICHS	LORRAINE	124,687
HEINRICHS	MORAG	104,628
HEISER	BEVERLEY	71,965
HENDERSON	CHANTAL	92,370
HENNIG	JENNIFER	94,881
HERMIZ MARKHO	ALEN	73,662
HERTER	MELISSA	63,812
HILDEBRAND	CAROL	80,356
HILTS	ELAINE	71,789
HINKLEY	AMELIA	66,164
HITTEL	CLARA	83,951
HODGSON	MARYANN	97,980
HOFFARTH	SHARON	90,430

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

HOLDERBEIN	MARGARET	59,709
HOLDERBEIN	SHARLENE	100,167
HOLDERBEIN	VALERIE	81,579
HOLMES	PEGGI	107,109
HOQUE	MOHAMMED	391,613
HORAN	CHERIE	64,454
HORNUNG	SHERRY	129,326
HOUDE	IRENE	54,719
HOVDESTAD	RENEE	111,568
HOWELL	MARY ROSE	67,880
HUNTER	JACQUELIN	61,115
HUNTER	TIMOTHY	87,196
HUXTED	JENNIE	55,825
HYATT HIEBERT	RACHEL	87,179
IBRAHIM	JANELLE	51,689
ILLERBRUN	GLORIA	183,811
ILLERBRUN	PATRICIA	71,887
INGHAM	BAILEY	88,047
JAMES	TERRY LEE	90,187
JANIS	PENNY	53,079
JARLIGO REIMER	KENNET	65,615
JARRETT	JOY	50,268
JOHNSON	KACIE	54,215
JOHNSON	V	59,629
JOHNSTON	JOSEPHINE	66,845
JOHNSTON	NICKEY	55,618
JONES	EMILY	74,989
JONES	TRACEY	91,434
KALINOWSKI	DAWN	126,933

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

KANNENBERG	TYLER	89,644
KAPUTSA	MICHAEL	123,083
KASSETT	SURESH	85,479
KEHLER	ROXANNE	94,288
KESSY	CONNIE	94,514
KHONJE	THEODORE	77,456
KILCHER	NORMA	123,743
KING	ROBERT	63,624
KIRK	MICHELLE	75,767
KLAASSEN	TODD	58,919
KLASSEN	DIANA	57,302
KLASSEN	PAMELA	121,335
KLEIN	PATRICIA	69,594
KNAKOSKE	SUSAN	65,683
KNIPPSHILD	KAREN	80,621
KNOWLTON-BRODZIA	SHELLY	74,972
KNOX	CATHERINE	71,727
KNOX	LISA	74,846
KOELLMEL	HEATHER	97,245
KRAHN	ELAINE	76,342
KRAUSE	MARILYN	90,851
KRUSE	KIM	69,199
KUEBLER	ANGELA	51,437
LAFONTAINE	ANGELA	80,873
LAIRD	MERCY	94,088
LANGAGER	LEANNE	51,365
LEE	TARA	57,944
LEMAY	LYNDA	86,189

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

LENUIK	PHYLLIS	50,115
LESLIE	DONNA	91,701
LEVORSON	DENISE	92,253
L'HEUREUX	JOAN	105,593
LINDER	LOIS	104,126
LINDSAY	BARBARA	81,611
LINES	ALEXIS	56,590
LIS	ROSE	124,553
LITTLE	KAITLIN	73,876
LJUNGGREN	BERYL	62,243
LONGMORE	DEBRA	82,194
LOTHAMMER	HEATHER	51,602
LOVESTONE	SHERRI	50,106
LOWE	LINDA	95,758
LOWE	RICKY	96,813
LUBEGA	BONIFACE	459,610
LUCHENSKI	SHELLY	90,197
LUNDBERG	LYNN	61,002
MACDONALD	COLEEN	56,368
MACDONELL	AMBER	63,017
MACKNAK	KELSEY	65,161
MACLEOD	DAVID	58,434
MACLEOD	JANE	72,814
MACWILLIAM	CORNELIA	134,227
MALASKY	PATRICIA	53,003
MALLECK	NASEEM	557,634
MARTENS	MELLISA	78,756
MARTIN	BRYCE	133,071
MASON	TAMMY	90,256

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

MATTHIES	SCOTT	96,824
MAURER	KATELYN	52,708
MCCONNELL	ANDREA	75,893
MCCONNELL	MIKE	68,987
MCCUAIG	CHESTER	53,106
MCCUAIG	JILL	106,695
MCFARLANE	DOUGLAS	70,085
MCKAIG	CRYSTAL	112,420
MEYER	ERLA	122,580
MEYER	HOLLY	103,254
MIGNEAULT	BRITTANY	78,351
MILANINEZHAD	ALIREZA	74,298
MILLAR	MIKKI	124,318
MILLER	BRENDA	60,353
MILLER	SHERRY	110,856
MINKEN	COLLEEN	55,911
MISSON	JANET	102,057
MOAT	MICHELLE	50,883
MOBERG	HEATHER	106,443
MOBERG	TERRI	105,165
MOEN	ALICE	76,244
MOIR	LINDA	51,807
MONK	CRYSTAL	108,105
MONTGOMERY	MORGAN	60,670
MORCK	EUNICE	75,985
MORSTAD	MAUREEN	65,101
MOSER	LILY ANNE	72,436
MUDINGAY	KABUYA	329,384
MUDRY LAUTSCH	MARILYN	92,554

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

MULLA	AMITH	165,641
MULLENIX	JOANIE	71,133
MUNROE	ROBIN	105,472
MURCH	FRANCES	88,328
MURDOCH	JENIFER	64,220
MURPHY	BARRY	69,004
MUWANGUZI	MICHAEL	62,901
MUZYKA	ANGELA	77,326
NAGEL	CHERYL	50,793
NAGEL	NANCY	56,714
NAIDOO	NEELANDRAN	293,555
NAPPER	SHANNON	101,234
NAVICKAS	ARIAN	70,482
NELSON	LISA	98,185
NEUFELD	YVONNE	53,042
NEUSTAETER	WESLEY	74,913
NEVARD	M FERN	90,458
NEWTON	CURTIS	76,346
NEWTON	MICHELLE	56,649
NICHOLSON	SUSAN	84,031
NORDIN	COLLEEN	85,406
NORDWICK	RITA	82,404
NORRISH	KATRINA	98,660
OAKEY	DARCIE	68,943
OJO	ALABA	676,365
OLFERT	CAMILLA	57,839
OLFERT	CARLEY	79,774
OLFERT	MICHELLE	78,123
OLFERT	VICTORIA	62,541

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

OLMSTED	PATRICIA	92,149
OLSEN	ERIN	76,440
OLSGARD	KATHRYN	53,900
OLSGARD	LINDA	56,982
OLSON	ANGELA	78,430
OLSON	KRISTA	83,748
OLSON	LANETTE	50,718
ORR	REGGIE	80,187
ORTEGA	TOMMI LYN	51,287
ORTMAN	JOAN	101,490
OSTRANDER	PHYLLIS	52,321
PALANGI	MONGA-N'DIMO	386,306
PALMIER	DEANNA	130,195
PANKEVICH	ZHANA	71,710
PANKO	KARLENE	71,047
PANKO	RICK	65,669
PAUL	LEONA	70,961
PAULSON	LORNA	116,936
PAVELY	TAMI	65,631
PEDERSON	VERNA	80,093
PENNER	CAROLYN	54,075
PENNER	MARY JEAN	86,257
PENNER	ROCKY	50,140
PERRIN	CYNTHIA	89,789
PERRIN	GRANT	80,851
PETERS	ELEANOR	105,274
PETERS	EUNICE	84,671
PETERSON	BRANDI	89,672
PHILIP	CYNTHIA	84,976

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

PHILLIPS	GEORGINA	71,237
PICKERING	THOMAS	103,835
PILKEY	LAURIE	95,019
PINKNEY	CHRISTINE	87,684
PLATT	DONNA MAR	87,139
PLEWIS	LORRIE	76,697
POINTER	JILLIAN	50,400
POMPU	THERESA	79,352
POTTER	STACI	59,250
POWER	TANYA	78,967
PRITCHARD	BRANDY	58,346
PRITCHARD	LORI	104,956
PURVES	TAMMY	83,776
RACKOW	BARON	69,185
RACKOW	ELIZABETH	94,992
RADEVSKI	IVO	460,907
RAYMOND	SIGNE	107,452
REAVIE	EVAN	51,430
RECHENMACHER	JANELLE	74,399
REDEKOP	CONSTANCE	52,734
REGIER	TRENTON	142,550
REICH	KARI	57,498
REID	LYNN	61,767
REIMER	BRIAN	50,638
REIMER	MELISSA	52,869
REINBOLT	BARBY	103,508
REINHART	KRISTIN	56,394
REMPEL	MARGARETE	93,909
REMPEL	MAUREEN	87,590

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

RENWICK	MARY	90,955
RESENDES	SUSAN	98,476
RICE	JOANNE	77,385
RICHARDSON	CHRISTINA	96,314
ROBERTSON	MARGARET	79,484
ROBINS	LINDA	63,322
ROCHE	RACQUEL	90,456
ROUSE	DONNA	73,673
ROY	LAUREEN	74,460
RUDD	KENNETH	110,111
RUETZ	CATHERINE	103,719
RUSCHKOWSKI	JOY	56,828
RYAN	ELIZABETH	58,405
SABRI	ALI	675,320
SAGADAHL	ANITA	130,668
SAUFERT	SHEENA	53,299
SAVOY	EFFIE	177,957
SCHELLENBERG	VIVIAN	83,910
SCHERGER	KATHY	92,798
SCHINDEL	BEVERLEY	85,684
SCHMIDT	ROWLAND	106,031
SCHNEIDER	SHELLEY	82,943
SCHULTZ	ABBY	82,368
SCHULTZ	CARRIANNE	105,688
SCHULZE	CEANNA	69,882
SCHWAN	BRENDA	209,648
SCHWAN	JEFFREY	121,817
SCHWARTZ	ASHLEY	88,188
SCHWARTZ	MARTA	73,361

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

SCOTT	CAROL	62,002
SCOTT	LALIA	65,381
SCOTT	LYDA	53,830
SEABORG	DEBBIE	99,488
SEAMANS	ELIZABETH	99,921
SEKERAK	DEBRA	82,811
SELENSKI	DONNA	64,694
SERWADDA	ROSEMARY	219,038
SHAH	SYED MUNIR	493,184
SHAW	BONNIE	89,456
SHOTTER	MICHAEL	114,153
SIGURDSON	ESTHER	128,777
SILBERNAGEL	KORI	62,403
SILVEIRA	SERGIO	83,599
SIMMONS	MEGAN	62,101
SINGBEIL	CHANEL	53,087
SINGH	LORETTA	82,893
SKELTON	MARG	119,838
SLETTEN	DEANNA	77,021
SMART	MAXINE	89,577
SMITH	TIANNA	61,119
SMOUT	ALICE	90,536
SMUK	CONNIE	92,687
SMUK	GREGORY	86,158
SONEN	CYNTHIA	77,898
SOOS	ERIN	91,877
SPEIR	JENNIFER	84,954
STEARNS	LINDA	54,986
STEENBERG	LOURENS	131,195

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

STEVENS	AMANDA	71,114
STEVENSON	DANIEL	93,086
STEVENSON	JILL	77,957
STEWART	RAELENE	83,646
STOLSON	SUSAN	84,820
STOLSON	VALERIE	76,359
STRICKER	ROSALYN	55,784
STRINGER	SUZANNE	125,712
STUART	TARRA	91,269
SWANSON	KIMBERLY	109,397
SWICA	LESZACK	453,303
TAGBOTO	SENYO	133,138
TALAGA	D LORES	82,598
TARDIF	MARY	72,552
TAYLOR	BRENDA	93,676
THAMES	KAREN	91,009
THERRIEN	JANICE	100,153
THERRIEN	JOANNE	50,386
THOMAS	LEANNE	115,443
THOMPSON	KELLY	94,005
THORESON	EDNA	61,049
TONEY	CATHY	56,324
TORR MEDICAL P.C. INC.	DAVID	227,120
TOURIGNY	KRISTA	100,869
TRAUTWEIN	JOYCE	81,209
TREEN	JACQUALIN	83,203
TUMBACH	JANNA	154,307
UDAL	SUZANNE	51,497
UNGER	DEBORAH	54,452

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

UNGER	MALLORY	71,544
VACHON	ELISABETH	262,381
VALLEE	SUSAN	99,165
VAN BREDA	ALTA	165,774
VAN DER BERG	NICOLAAS	200,005
VAN LEUKEN	SASHA	54,246
VAN NUS	MATTHEW	82,201
VANCE	NICOLE	88,383
VANDEL	GENEVIEVE	63,368
VANDERSTEEN	ALINE	54,233
VANSTONE	JACQUELIN	112,040
VASQUEZ	VB MEDICAL	54,270
WAGNER	BRITTANY	59,257
WALLISER	LINDA	112,131
WARDER	BRENDA	93,562
WARKEN	MELANIE	76,996
WATSON	PATRICIA	69,654
WATTS	LEANNE	70,468
WEBBER	RHONDA	50,990
WEBER	KEN	77,309
WEBER	RHODA	74,011
WEEDON	JILLIAN	80,129
WELLS	CAROL	117,417
WELLS	CASSANDRA	68,708
WELLSCH	JULIE	64,011
WELSH	LAURA	75,787
WENGER	LAURA	60,927
WENZEL	COLETTE	103,050
WENZEL	COLLEEN	80,233

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 94 for details on what is included in the amounts below)* which total $50,000 or more.

WEPPLER	BRENDA	107,912
WEPPLER	STACEY	65,505
WHARTON	TERRY	266,766
WHITE	LAURA	109,767
WIEBE	GLENDA	91,052
WIEBE	MARION	86,615
WIEBE	SHARI	73,851
WIEBE	TRACY	58,096
WIELER	MEGAN	61,657
WIENS	KAREN	76,472
WIENS	SARA	61,358
WIG	LAURIE	93,481
WILLIAMS	SHANNON	80,481
WILLMAN JOHNSTON	RHONDA	77,958
WILLS	SHEILA	65,392
WILLS	SHIRLEY	54,187
WILMS	ILA	66,335
WILSON	BRITTANY	67,929
WILSON	LORELEI	68,352
WILSON	PATRICIA	72,453
WILSON	WENDY	126,589
WINQUIST BANG	BRANDACE	71,968
WINSOR	WILLIAM	68,576
WOELK	FLORENCE	56,898
WOELK	VALERIE	102,367
WONG	AUDRA	60,202
WOODS	LAVONNE	90,843
WOODS	MARYANN	97,194
WOTHERSPOON	DONNA	88,356

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 94 for details on what is included in the amounts below*) which total $50,000 or more.

WOTHERSPOON	KRISTEN	51,855
WRIGHT	PATRICIA	118,167
YOUNG	SHERRY	78,167
ZACHARIAS	BRANDI	54,806
ZACHARIAS	CAROLYNN	65,314
ZANIDEAN	VANESSA	87,086
ZORN	BREANN	60,132

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page *94* for details on what is included in the amounts below).

A.M. DELIVERY & COURIER SERVICE	53,075
A-1 POWER DOOR LTD.	267,495
ABBOTT LABS LTD - CANADA	64,361
ABBOTT LABORATORIES	58,340
AGFA INC.	66,413
ALCON CANADA INC.	440,908
BARD CANADA INC.	89,967
BAXTER CORPORATION	79,046
BECKMAN COULTER	105,512
BIOMED RECOVERY & DISPOSAL LTD	88,528
BIO-RAD LABORATORIES	62,063
BRIDAL CONST. LTD.	101,918
BTY GROUP	124,165
BUNZL CANADA	84,329
BURLODGE CANADA LTD.	127,888
CANADIAN MENTAL HEALTH	70,274
CARDINAL HEALTH CANADA	532,217
CHARIS MEDICAL	106,225
CHERRY INSURANCE INC.	223,104
CHINOOK REFRIGERATION	123,965
CITY OF SWIFT CURRENT	367,741
COUNTRY CLUB DISTRIBUTORS	294,998
COVIDIEN SURGICAL	295,309
CPDN/LYNDEN LOGISTICS	279,001
CRESTLINE COACH LTD	123,120
DR NOBLE IRWIN FOUNDATION	82,100
DUNCAN ROOFING LTD.	246,405
ECOLAB LTD	100,988
EHEALTH SASKATCHEWAN	199,006
FLAME TECH SERVICES INC.	108,666
FLANAGAN, TOM	110,250
FLYNN CANADA LTD.	200,088
FRONTIER AMBULANCE	202,659
FUTUREMED HEALTHCARE	137,243
GRAHAM CONSTRUCTION & ENGINEERING	3,172,047
GRAND & TOY LTD.	119,721
GREAT WEST LIFE - GL	531,991
HBI OFFICE PLUS INC.	120,223
HEALTHMETRX CANADA INC.	
HILL-ROM CANADA LTD.	237,160
HIROC MANAGEMENT LIMITED	93,434

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page *94* for details on what is included in the amounts below).

HOSPIRA HEALTHCARE CORP	352,701
HSAS	92,489
IMPORTED BRANDS OF CANADA	62,729
INNOVATION CREDIT UNION	170,164
INSTRUMENTATION LABORATORY	74,038
INTEGRATED DESIGNS INC	61,553
JOHNSON & JOHNSON CLINICAL	498,011
JOHNSON & JOHNSON MEDICAL	52,852
KCI MEDICAL	154,930
KPMG LLP	100,464
LONDON LIFE INSURANCE COMPANY	61,770
MACPHERSON, LESLIE & TYERMAN	113,883
MARSH CANADA LTD	153,302
MASTERCARD	378,721
MCKERRACHER SERVICES	133,338
MCKESSON CANADA	241,444
MCKESSON DISTRIBUTION PARTNERS	218,463
MEDI-TECH 1287189 ALBERTA LTD.	52,072
MELHOFF ELECTRIC (77) LTD.	57,204
MINISTER OF FINANCE	157,547
MINISTRY OF GOVERNMENT SERVICES	708,364
OFFICE OUTFITTERS	74,922
OLYMPUS CANADA INC.	231,672
OPTIMUM ROOFING	278,124
OTIS CANADA INC.	61,601
PHILIPS HEALTHCARE	186,882
PIONEER CO-OP	103,541
PPSTN	67,500
PUBLIC EMPLOYEE PENSION PLAN	179,940
QHR SOFTWARE INC.	170,951
RADIOLOGY ASSOCIATES OF REGINA	216,750
RECEIVER GENERAL	20,809,351
REGINA QU'APPELLE HEALTH REGION	1,222,919
REGINA QU'APPELLE-EMS	89,880
RMIS (ROOF MANAGEMENT & INSPECTION SERVICES LTD)	130,419
SAHO	286,442

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
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Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page *94* for details on what is included in the amounts below).

SAHO - DENTAL	803,100
SAHO - DIP	1,643,368
SAHO - ENHANCED HEALTH PLAN	1,854,193
SAPUTO	126,953
SASK ENERGY	492,191
SASK POWER	830,572
SASKATCHEWAN HEALTH EMPLOYEE PENSION PLAN	10,241,432
SASKATCHEWAN REGISTERED NURSES ASSOCIATION	135,482
SASKATCHEWAN UNION OF NURSES	329,486
SASKTEL CMR	451,565
SASKWORKS VENTURE FUND INC.	56,558
SCHAAN HEALTHCARE PRODUCTS	1,017,434
SELECT MEDICAL CONNECTIONS LTD.	270,692
SERVICE EMPLOYEE INTERNATIONAL UNION	617,667
SERVICE MASTER OF SWIFT CURRENT	60,065
SIEMENS CANADA DX	83,030
SILVERLINE CONSTRUCTION	343,546
STANTEC ARCHITECTURE LTD.	1,116,846
STERIS CANADA LTD.	196,972
STEVENS COMPANY LTD.	167,794
SUPERIOR VACUUM & JANITORIAL SUPPLIES	64,876
SWIFT PLUMBING & HEATING	92,636
SYSCO FOOD SERVICES-WEST INC	1,380,394
TOWN OF MAPLE CREEK	140,575
TREEN PACKERS LTD	58,277
TRIKOOT REAL ESTATE SERVICES	60,975
WALLACE CONSTRUCTION	99,368
WASTE MANAGEMENT	75,054
WOOD WYANT CANADA INC	159,532
ZW PROJECT MANAGEMENT INC.	245,965

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2013

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more (Refer to Page *94* for details on what is included in the amounts below).

CANADIAN MENTAL HEALTH	139,838
FOYER ST. JOSEPH NURSING HOME	1,849,525
FRONTIER AMBULANCE	205,239
GULL LAKE AMBULANCE	213,321
MCKERRACHER SERVICES	133,338
PONTEIX AMBULANCE	255,183
SWIFT CURRENT AMBULANCE	1,044,403
VAL MARIE AMBULANCE	148,717

Appendix C 2013

Saskatchewan Ministry of Health Information:

Government of Saskatchewan

Surgical Initiative Program:

Saskatchewan Surgical Initiative

Saskatchewan continued to make progress in year two of its plan to transform surgical care for patients.

The *Saskatchewan Surgical Initiative* is striving to improve surgical patients' care experience and ensure that by 2014, all patients have the option of receiving their surgery within three months.

http://www.sasksurgery.ca

Lean – Saskatchewan Healthcare Management System:

Lean is a patient-first approach that puts the needs and values of the patient and families at the forefront and uses proven methods to continuously improve the health system. Saskatchewan is the first province in Canada to apply Lean across the entire healthcare system, putting patients and families first by focusing on better health, better care, better value, and better teams.

The Ministry of Health has developed a webpage specifically for information on Lean:

http://www.health.gov.sk.ca/lean

For complete information on Lean in the Cypress Health Region please visit:

www.cypresshealth.ca/lean

Patient First Review:

The Patient First Review

In November 2008, then-Health Minister Don McMorris announced the launch of the *Patient First Review*, under the leadership of long-time health administrator Tony Dagnone, Commissioner of the Review.

The review has shaped the course of improvements to the provincial health system. Links to the report's findings include:

For Patients' Sake – Commissioners Recommendations:
http://www.health.gov.sk.ca/Default.aspx?DN=79bf4a96-ff32-486d-b4ab-c0d2d4d42922

The Need for Transformation in Health Care Administration (by Deloitte):
http://www.health.gov.sk.ca/Default.aspx?DN=c4733b11-57a3-4633-aa7a-c5851389e100

The Need for More Effective Patient- and Family-Centred Care (by KPMG):
http://www.health.gov.sk.ca/Default.aspx?DN=435c79e0-67cf-47ff-a8e0-b5149de16db8

Saskatchewan Covered Population Report:

The *Saskatchewan Covered Population Report* is published annually by Saskatchewan Health and is a count of all persons who held Saskatchewan health coverage on June 30th of that specific year. The Covered Population is not a census since it only counts persons who are registered for provincial health coverage and not every person who may have been a resident in Saskatchewan on June 30th.

http://www.health.gov.sk.ca/population-stats

Cypress Health Region Information:

Cypress Health Employee Staffing Strategies (CHESS):

The Ministry of Health has set new targets for the Cypress Health Region to reduce costs for overtime, sick time, and workers compensation. CHESS is the acronym of a series of strategies initially implemented in 2010 by Cypress Health in response to these targets. The energetic approach to CHESS has continued to aide the Cypress Health Region in enhancing workplace excellence and identifying opportunities, challenges, and solutions to achieve our targets!

Details on the CHESS strategies can be found at: http://www.cypresshealth.ca/page.php?id=245

The Source:

The Cypress Health Region publishes a quarterly publication, *The Source,* to households and residents throughout southwest Saskatchewan. This publication is filled with health information, programs, and events offered throughout the Cypress Health Region.

Electronic versions of *The Source* can be found at: http://www.cypresshealth.ca/page.php?id=107

Population Health Report, 2011:

In 2011 the Cypress Health Region released its *Population Health Report*. The report brings the region more up to date with where the health of its population lies, and what health priorities need to be focused on. This health status report highlights some of the major health issues in the region, mostly over the period between 2005 and 2009 as this is the data that was currently available.

An electronic version of the complete *Population Health Report, 2011* is available at:
http://www.cypresshealth.ca/page.php?id=105

Oral Health Status Report:

The *Oral Health Status Report* shows some of the oral health challenges that the Cypress Health Region faces. Furthermore the report illustrates disparities between the different populations within the region.

An electronic version of the complete *Oral Health Status Report* is available at:
http://www.cypresshealth.ca/page.php?id=173

Pursuing Excellence Awards:

In 2012 the Cypress Health Region received three of four prestigious *Green Ribbon Awards*, now known as *Pursuing Excellence Awards*, plus one Honourable Mention. Awards were won for *Meals R Us, Bedside Reporting, and the Cypress Expedition.*

For complete details please visit www.qualitysummit.ca/awards.htm.

Community Planning Reports:

Community Planning Reports have been developed for the communities of Ponteix and Cabri through the Community Planning Process through Primary Health Care. The reports include health needs of each area, prioritized health needs, and community engagement measures on how to address the identified priorities.

Electronic versions of the completed Community Planning Reports for each community are available at: http://www.cypresshealth.ca/page.php?id=105

Long Term Care Experience Report, 2012:

The *Cypress Health Region Long Term Care Experience Survey* describes how we are doing, from the observations of the family of Long Term Care (LTC) residents, on various aspects of care. Results are presented for all of the LTC facilities in the Cypress Health Region according to chapters representing the themes in the survey.

An electronic version of the complete *Long Term Care Experience Report, 2011* is available at: http://www.cypresshealth.ca/page.php?id=105

Cypress Regional Hospital Patient Services Directory:

The Cypress Health Region has developed a *Patient Services Directory* for its Regional Hospital. The directory highlights the programs and services that are available in the facility and are offered to each inpatient upon registration. Additionally, display racks are strategically placed throughout the facility for public consumption.

An electronic version of the complete *Patient Services Directory* is available at: http://www.cypresshealth.ca/page.php?id=125

Building Excellence in Rural Health

The Cypress Health Region created a section of its website specific to capital projects. This section, known as *Building Excellence in Rural Health*, can be viewed at the following web url: http://www.cypresshealth.ca/page.php?id=199

A special construction camera has also been established to document the construction of the Southwest Integrated Healthcare Facility in Maple Creek. To view current construction progress, please visit www.cypresshealth.ca/sihf.

Facility Asbestos Registry

The Cypress Regional Health Authority has taken action to ensure that asbestos containing material is contained and is not a risk to the workers and public. Assessments have been completed on all patient care facilities and complete details are available on the Cypress Health Region's website at the following link: http://www.cypresshealth.ca/page.php?id=242.

Saskatchewan Health Quality Council Information:

Hoshin Kanri:

Hoshin Kanri is an approach to planning that involves identifying a common vision, selling short- and long-term goals, tracking progress towards these goals, and changing course as required. Saskatchewan is using Hoshin K Kanri to plan and deliver health care in a more coordinated way. HQC is playing a key role in the Hoshin Kanri process in Saskatchewan.

To read more about the involvement of HQC in Hoshin Kanri please visit http://hqc.sk.ca/improve-health-care-quality/hoshin-kanri/. For complete details on Hoshin Kanri in the Cypress Health Region please visit www.cypresshealth.ca/hoshinkanri.

Quality Insight:

QUALITY INSIGHT
Measuring. Learning. Improving.

Quality Insight is a source of information on the quality of health care in Saskatchewan. While it is primarily designed for health care providers, managers, and leaders to support their work in making our system better and safer for Saskatchewan residents, it also provides the public with access to information about how our health system is performing.

The Cypress Health Region has been a provincial leader in making its data available to the general public through *Quality Insight*.

http://www.qualityinsight.ca

CYPRESS HEALTH REGION

REGIONAL OFFICE - 429 – 4TH Avenue NE, Swift Current, SK S9H 2J9 Telephone: (306) 778-5100 or Toll Free – 1-888-461-7443
Fax: (306) 773-9513 Email: info@cypressrha.ca Website: www.cypresshealth.ca

Please refer to our website for a complete phone listing.

The 306 area code must preceed all phone numbers listed below unless otherwise specified.

AMBULANCE SERVICES
EMERGENCIES DIAL 9-1-1

HealthLine 811 HEALTHLINEONLINE.CA

COMMUNITY HEALTH SERVICES

ALL SERVICES
- Swift Current 778-5280
- Rural Areas 1-866-786-2510

ADDICTION SERVICES
- Swift Current 778-5280
- Maple Creek 662-5340

MENTAL HEALTH
- Leader 628-3166
- Maple Creek 662-5339
- Shaunavon 297-2644
- Swift Current 778-5280
  - (After Hours) 778-9522

PUBLIC HEALTH
- Gull Lake 778-5184
- Herbert 778-5287
- Leader 628-3160
- Maple Creek 662-4112
- Ponteix 625-5102
- Shaunavon 297-2644
- Swift Current 778-5280
- Public Health Inspections 778-5280
  - Rural Areas 1-866-786-2510

COMMUNITY HEALTH SERVICES
- Border Health Centre (Climax) 293-2222
- Eastend Wolf Willow Health Centre 295-3534
  - Primary Health Care (PHC) Site 295-4184
- Gull Lake Health Centre 672-4700
- Hodgeville Health Centre (PHC Site) 677-2292
- Ponteix Health Centre 625-3382
- Prairie Health Care Centre (Cabri) 587-2623
- Prairie View Health Centre (Mankota) 478-2200
- Vanguard Health Centre (PHC Site) 582-2044

HOME CARE SERVICES
- Cabri 587-2921
- Climax 293-2241
- Eastend 295-3834
- Gull Lake 672-4707
- Herbert 784-2466
- Hodgeville 677-2292
- Leader 628-3166
- Mankota 478-2339
- Maple Creek 662-5333
- Ponteix 625-5103
- Shaunavon 297-1989
- Swift Current 778-9531
- Vanguard 582-2044

HOSPITALS
- Herbert & District Integrated Health Facility 784-2466
- Leader Hospital 628-3845
- Maple Creek Hospital 662-2611
- Shaunavon Hospital & Care Centre 297-2644
- Cypress Regional Hospital 778-9400
  - Day Surgery 778-9419
  - Diagnostic Imaging 778-9457
  - Emergency 778-9412
  - Health Records 778-9440
  - ICU 778-9413
  - Laboratory 778-9563
  - Medical/Surgical Floor 778-9400
  - Mental Health Unit 778-9522
  - Pre-Surgical Screening 778-9530
  - Social Work 778-9484
  - Therapy Services 778-9449
  - Women & Children Health Services 778-9418

LONG TERM CARE
- Cypress Lodge (Maple Creek) 662-2671
- Eastend Wolf Willow Health Centre 295-3534
- Foyer St. Joseph Nursing Home (Ponteix) 625-3366
- Gull Lake Special Care Home 672-4701
- Herbert & District Integrated Health Facility 784-2466
- Palliser Regional Care Centre (Swift Current) 778-5160
- Prairie Health Care Centre (Cabri) 587-2623
- Prairie Pioneer Lodge (Swift Current) 778-5192
- Prairie View Health Centre (Mankota) 478-2200
- Shaunavon Hospital & Care Centre 297-1980
- Swift Current Care Centre 773-9371
- Western Senior Citizens Home (Leader) 628-3565

SOUTHWEST TRAUMATIC EVENTS RESPONSE TEAM (TERT)
- 778-5280
- (After Hours) 778-9522

CONCERNS, COMPLIMENTS, COMMENTS
778-5115 or 1-888-461-7443
Email: comments@cypressrha.ca
Temporary Disruptions: 1-888-461-7443

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